# Point of Dispensing/Vaccination Clinic

### **Forward**

The Point of Distribution (POD) Manager's Workbook will provide Local Public Health Agency (LPHA) Planners with guidance and checklists for managing and dispensing the Strategic National Stockpile (SNS). The focus of this document is the dispensing of medicinal prophylaxis and administration of vaccinations to some or all of the state population. Many of the checklists within the workbook are also applicable to mass clinic planning for pandemic influenza vaccination and other public health emergencies.

# **Introduction and Purpose**

Advance planning for a coordinated public health response to a bioterrorism (BT) event or significant epidemic (e.g., pandemic influenza) is essential. It is highly likely that the public health response will include mass dispensing of prophylactic medications or administration of vaccines to large numbers of people in a very short period of time. Warning periods are expected to be very short and significant personnel, materiel and facility resources will be required during such a response.

It is assumed the major BT agents include anthrax, plague, smallpox, tularemia, and botulism. Antibiotics will be used in a response to events involving anthrax, tularemia, or plague. Vaccine will be used in response to a smallpox event and pandemic influenza, and possibly for an anthrax event depending on availability. Supplies of prophylactic/treatment medications and vaccine may be limited; therefore, it is possible that priority populations will have to be identified and provided prophylaxis accordingly.

This workbook is a template intended to support local planners at any stage of mass dispensing or mass vaccination planning. This workbook is a tool to be used in conjunction with "Missouri's Planning Guide for Local Mass Prophylaxis: Distributing and Dispensing the Strategic National Stockpile; A Guide for Local Planning," and will be revised over time, as planning needs dictate.

Because each local planner has unique considerations while planning for mass prophylaxis operations, and may be at varying stages of planning, this workbook is provided as a supportive tool. It may be used in whole or in part. It is the expectation that if this workbook is utilized, the planners will customize the checklists based on local needs. However, keep in mind that having similar plans throughout Missouri will facilitate mutual aid staffing.

### **How to Use the Workbook**

The POD Manager's Workbook begins with checklists that can be utilized in establishing or refining POD plans. The development and planning checklists are designed for use by planners new to the SNS process as well as for those experienced planners needing to provide a quality assurance check for current plans already developed.

The rest of the POD Manager's Workbook is divided into sections consistent with the basic Incident Command System (ICS) structure outlined in the National Incident Management System (NIMS) manual. The checklists are intended to provide a basic direction for personnel staffing PODs in conjunction with their job action sheets. Sections can be accessed for reproduction at the MDHSS website.

# **Table of Contents**

Section 1: POD Development/Planning Checklists	1-1
Planning POD Sites	1-3
POD Site Criteria	1-7
Activating POD Sites	1-11
Volunteer Recruiting	1-15
Security Plan	1-17
Staff Training	
Traffic and Parking Plan	
Communication Plan Checklist	
Risk Communication and Health Education	
POD Recommended Supplies	
SNS Medication/Vaccine Handling	
Key Support Groups	
Sample Memorandums of Understanding/Agreements	
Section 2: POD Manager & Command Staff	2-1
POD Manager	
Liaison Officer	2-7
Public Information Officer	2-9
Safety Officer	2-11
Medical Director/Advisor	2-13
Legal Counsel	2-15
Section 3: Operations	
Operations Chief	3-3
	3-3
Operations Chief	3-3 3-7
Operations ChiefSecurity Staff Coordinator	3-3 3-7 3-9
Operations Chief	3-3 3-7 3-9 3-11
Operations ChiefSecurity Staff CoordinatorSecurity Team MemberGeneral Staff Coordinator	3-3 3-7 3-9 3-11
Operations Chief	3-3 3-7 3-9 3-11 3-13
Operations Chief Security Staff Coordinator Security Team Member General Staff Coordinator Facility Flow Team Member Check-in & Forms Distribution Team Member Briefer/Educator Special Needs Staff	3-3 3-7 3-9 3-11 3-15 3-15
Operations Chief Security Staff Coordinator Security Team Member General Staff Coordinator Facility Flow Team Member Check-in & Forms Distribution Team Member Briefer/Educator	3-3 3-7 3-9 3-11 3-13 3-15 3-17
Operations Chief Security Staff Coordinator Security Team Member General Staff Coordinator Facility Flow Team Member Check-in & Forms Distribution Team Member Briefer/Educator Special Needs Staff Floater/Runner Translator	3-3 3-7 3-11 3-13 3-15 3-17 3-19 3-21
Operations Chief Security Staff Coordinator Security Team Member General Staff Coordinator Facility Flow Team Member Check-in & Forms Distribution Team Member Briefer/Educator Special Needs Staff Floater/Runner Translator Checkout Administrator	3-3 3-7 3-9 3-11 3-13 3-15 3-17 3-19 3-21 3-23
Operations Chief Security Staff Coordinator Security Team Member General Staff Coordinator Facility Flow Team Member Check-in & Forms Distribution Team Member. Briefer/Educator Special Needs Staff. Floater/Runner Translator Checkout Administrator Medical Staff Coordinator	3-3 3-7 3-9 3-11 3-13 3-15 3-17 3-19 3-21 3-23 3-25 3-27
Operations Chief Security Staff Coordinator Security Team Member General Staff Coordinator Facility Flow Team Member Check-in & Forms Distribution Team Member Briefer/Educator Special Needs Staff Floater/Runner Translator Checkout Administrator Medical Staff Coordinator Greeter/Greiage	3-3 3-7 3-9 3-11 3-13 3-15 3-17 3-19 3-21 3-23 3-25 3-27 3-29
Operations Chief Security Staff Coordinator Security Team Member General Staff Coordinator Facility Flow Team Member Check-in & Forms Distribution Team Member. Briefer/Educator Special Needs Staff Floater/Runner Translator Checkout Administrator Medical Staff Coordinator Greeter/Greiage Interviewer/Medical Screener Group Leader	3-3 3-7 3-9 3-11 3-13 3-15 3-17 3-19 3-21 3-23 3-25 3-25 3-27 3-29 3-31
Operations Chief Security Staff Coordinator Security Team Member General Staff Coordinator Facility Flow Team Member Check-in & Forms Distribution Team Member. Briefer/Educator Special Needs Staff. Floater/Runner Translator Checkout Administrator Medical Staff Coordinator Greeter/Greiage Interviewer/Medical Screener Group Leader Interviewers/Medical Screeners	3-3 3-7 3-9 3-11 3-13 3-15 3-17 3-19 3-21 3-23 3-25 3-27 3-37 3-31 3-33
Operations Chief Security Staff Coordinator Security Team Member General Staff Coordinator Facility Flow Team Member Check-in & Forms Distribution Team Member Briefer/Educator Special Needs Staff Floater/Runner Translator Checkout Administrator Medical Staff Coordinator Greeter/Greiage Interviewer/Medical Screener Group Leader Interviewers/Medical Screeners Medical/Physician Evaluator	3-3 3-7 3-9 3-11 3-13 3-15 3-17 3-19 3-21 3-23 3-25 3-25 3-27 3-33 3-33
Operations Chief Security Staff Coordinator Security Team Member General Staff Coordinator Facility Flow Team Member Check-in & Forms Distribution Team Member Briefer/Educator Special Needs Staff Floater/Runner Translator Checkout Administrator Medical Staff Coordinator Greeter/Greiage Interviewer/Medical Screener Group Leader Interviewers/Medical Screeners Medical/Physician Evaluator Contact Tracking Team	3-3 3-7 3-9 3-11 3-13 3-15 3-17 3-19 3-21 3-23 3-25 3-27 3-29 3-31 3-33 3-35
Operations Chief Security Staff Coordinator Security Team Member General Staff Coordinator Facility Flow Team Member Check-in & Forms Distribution Team Member Briefer/Educator Special Needs Staff Floater/Runner Translator Checkout Administrator Medical Staff Coordinator Greeter/Greiage Interviewer/Medical Screener Group Leader Interviewers/Medical Screeners Medical/Physician Evaluator Contact Tracking Team Medical Response Team	3-3 3-7 3-9 3-11 3-13 3-15 3-15 3-19 3-21 3-23 3-25 3-27 3-27 3-37 3-33 3-35 3-37
Operations Chief Security Staff Coordinator Security Team Member General Staff Coordinator Facility Flow Team Member Check-in & Forms Distribution Team Member Briefer/Educator Special Needs Staff Floater/Runner Translator Checkout Administrator Medical Staff Coordinator Greeter/Greiage Interviewer/Medical Screener Group Leader Interviewers/Medical Screeners Medical/Physician Evaluator Contact Tracking Team	3-3 3-7 3-9 3-11 3-13 3-15 3-15 3-19 3-21 3-23 3-25 3-27 3-29 3-31 3-33 3-35 3-37 3-39

Pharmacy Staff Coordinator	3-45
Dispensing Personnel	
Section 4: Planning	4-1
Planning Chief	
Staff Resources Coordinator	
Workforce Staging Area Staff	
Recovery/Demobilization Staff	
Incident Action Plan Team	
Credentialing Coordinator	
Community Volunteer Coordinator	
Section 5: Logisitics	5-1
Logistics Chief	
Supplies/Equipment Coordinator	
Transportation Coordinator	
Facilities Coordinator	
Data Management & IT Coordinator	5-13
Communications Support Coordinator	5-15
Workforce Coordinator	5-17
Food Service Coordinator	5-19
Child Care Staff	5-21
Section 6: Finance and Administration	6-1
Finance & Administration Chief	6-3
Procurement Coordinator	6-5
Cost Unit Coordinator	
Compensation and Claims Unit Coordinator	
Time Unit Coordinator	6-11
Data Recorder	6-13
Section 7: Acronyms	7-1

# **Section 1**

# **POD Development/Planning Checklists**

State, regional and local public health officials, local emergency management directors and communities must work in a coordinated, organized manner when dealing with the serious issues presented by a bioterrorism attack or other significant epidemic. One critical response component is the ability to provide prophylaxis or vaccination to large numbers of people in very short periods of time. This is most often done through PODs. Missouri Department of Health and Senior Services (MDHSS) will provide direction and coordination at the state level for POD planning and operations while LPHAs oversee planning and implementation of PODs in their respective counties/cities.

The resources available to operate PODs vary considerably across the state. It is the responsibility of MDHSS, LPHAs, State Emergency Management Agency (SEMA) and other partners to make the best possible use of existing state and local public, private and volunteer resources. State and local planning will include identifying resources, determining the areas' service delivery capacities, identifying gaps in service delivery, and securing and providing the additional resources necessary to address the threat.

The checklists provided in this section are not all encompassing for planning comprehensive PODs. Each one should be utilized as a basis for starting POD development and used as a tool to enhance current plans. The checklists are designed to involve multiple personnel, agencies, businesses, and organizations in planning for successful POD operations upon receipt of Strategic National Stockpile materiel.

# PLANNING POINT OF DISPENSING (POD) SITES

# **Establish Your Planning Team and Incident Command System Structure**

C	Create the Planning Team						
	Inform and invite political leadership.						
Include representation from local Emergency Medical Services (EMS), fire, public safe public works, health departments, emergency management agencies, health centers, hospitals, schools, pharmacists, civic organizations:							
		Understand your city or town's role and responsibilities.					
		☐ Form an ICS structure to assist in designing plans.					
		□ Designate POD Manager.					
		☐ Designate additional coordinators.					
		Put roles and responsibilities in writing and get approval by all relevant parties.					
		Determine the geographic area and population that will be served.					
Asses	ss Yo	our Community Resources and Needs					
A	sses	s Current Health Care System/EMS Resources					
	Но	spitals (need to be aware of plan and possible transfer of patients).					
	☐ Health centers (may have assets that can be used in an emergency).						
	Long-term care facilities (may have assets such as wheelchairs, buses, etc. that can b used in an emergency).						
	☐ EMS (may be utilized onsite and for transport).						
	☐ Visiting nurse agencies (may have staff that can assist).						
D	emo	graphic Considerations					
	lde	entify resident population.					
	lde	entify changes in day/evening population.					
	lde	entify dramatic increases in population (i.e., special events or seasonal changes).					
	lde	entify adult population.					
	lde	entify child population.					
	lde	entify most common languages.					
	lde	entify special populations for alternative mechanisms to provide prophylaxis:					
		Homebound.					
		Homeless.					
		Prisons/jails.					
	☐ Elder housing.						

		<del>-</del>
		Residential facilities/group homes.
		Residential schools/colleges/universities.
		Child care centers.
		Hotels.
		Immigrant populations (languages, ability to connect with).
		Influx of non-Missouri resident workers (such as Illinois residents working in St. Louis or Kansas residents working in Kansas City).
lde	ntify an	d Establish Points of Dispensing
	Determ	ine number of sites needed for the specific community identified.
	Identify	location(s) of site(s) using criteria outlined in this document.
	Provide	e site and contact information to the Missouri SNS coordinator.
	Determ	ine if and where there will be staging areas.
;	Security	y Considerations
[	☐ Reso	urces available in community.
		Local police.
		Other security resources (private security companies, volunteers):
		☐ Traffic control.
		☐ Mechanism to receive state/federal assets.
		☐ Identify requirements.
		☐ Site security:
		☐ Internal.
		□ External.
		onsiderations
		lop a clinic flow chart for each site.
[		lop multilingual signage for all stations of the clinic.
		lop a plan for prophylaxis/vaccination of people who cannot come to the clinic.
(		dinate community POD plans with hospitals, long-term care facilities, residential ges/universities and prisons/jails in the community.

## **Planning for Operations**

Со	mm	unications				
Th	he following data elements are critical:					
	Plan for informing community of POD location/times and other preventive measures					
		Call-down list and mechanism for notifying POD volunteers.				
		Development of internal site communications.				
		Development of media lists and contacts.				
		Mechanism to receive communication from SEMA (re: recommendations/guidelines press releases, etc.).				
		Ensure that adequate staff is trained and have access to the Health Alert Network (HAN).				
		Mechanism to reproduce materials for communication with the public.				
Sta	affin	g Considerations				
	Est	imate number of volunteers needed for each role.				
	Re	cruit volunteers for clinical and non-clinical positions.				
	De	velop identification system for POD staff/volunteers (to include credentialing).				
	Develop a work force protection plan to provide vaccine/prophylaxis to POD staff/volunteers, and their families, prior to opening POD to the public.					
Pla	ın Tı	raining				
	Pro	ovide pre-event training for all coordinators.				
	Pro	ovide pre-event clinical refresher training for clinical volunteers.				
	Pla	n for just-in-time training for POD volunteers using job action checklists.				
Otl	her (	Operation Considerations				
	De	velop a system to document costs for potential reimbursement.				
	De	velop a system for data management.				
	De	velop a plan for annual review and updating of the local POD plan.				
	Pla	n for regular exercises and drills of the POD plan.				
Me	mor	andum of Understanding (MOU)				
	De	velop and sign a Memorandum of Understanding (MOU) with:				
		All facilities/agencies participating in the ICS structure that clearly delineates each				

☐ Any communities that will be working together (e.g., members within a local health

☐ Any agency/facility that will be providing space or services.

regional coalition).

Negotiate and obtain memorandums of agreement or letters of commitment from organizations; law enforcement and other security providers; local departments of transportation, public works, emergency management, health, and other agencies that will provide support.		
Pai	rtners:	
	Negotiate and award contracts with private partners for transportation, security, lodging, food, drink, and other amenities.	
	Develop agreements with civic groups, and fraternal organizations for personne and equipment support.	
Fac	cilities:	
	Obtain letters of commitment from facility management for use of dispensing sites.	
	Establish contingency contracts for private for-profit facilities.	

# POINT OF DISPENSING (POD) SITE CRITERIA

Lo	cation
	Consider size and layout of the facility based on the estimated number of people to receive medical prophylaxis or to be vaccinated.
	Ensure that the facilities have not already been designated for other functions during an emergency, such as shelter, quarantine, alternate medical facility, etc.
	Sites should be familiar and located within close proximity to the population density.
	Ensure the facility is not located in a flood prone area.
	Ensure the facility is structurally sound.
	Ensure facility and surrounding environment is free of biological hazards (insects/rodents/poisonous plants), hazardous materials, and mechanical hazards.
	Ensure facility can be secured (access is controlled).
_	
Ac	cessibility
	Traffic flow patterns should avoid bottlenecks and potential gridlock.
	Large parking area and/or off-site parking with collection area.
	Access to public transportation and/or on school bus route.
	Separate entrances and exits that can be secured.
	Handicap accessible.
Sp	ace
_	Multiple Rooms.
	Private screening areas.
	Treatment areas.
	Education areas.
	Large waiting area.
	Large floor space (e.g., gym, auditorium, cafeteria) for dispensing/vaccine administration.
	Separate rooms for evaluation/vaccination of exposed and/or ill individuals, and for behavioral health assessment and intervention.
	Separate room with cots.
	(Optional) 4-5 rooms (Capacity $35-40$ ) for orientation/video viewing, or a large room with video and audio to address large groups.
	Adequate area for staff breaks and rest (with phone availability for staff use).

Bu	ilding Safety
	Fire extinguishers.
	Fire Alarms.
	Marked exits.
	Emergency lighting.
Re	ceiving/Shipping Dock/Holding Area Considerations
	Have an unobstructed area to off-load and move the materials.
	Accommodate various sizes of trucks based upon the distribution plan.
	Have a secure room/space for storage of medications, supplies, and/or vaccines.
Fa	cilities
	Adequate toilet facilities (may use portable if necessary).
	Staff break/rest area.
	Kitchen area for meal preparation (unless catered).
	Refrigeration.
	Internet access.
	Climate controlled (68°–77°F).
_	
	uipment Needed at POD May Include
Eq	uipment Needed at POD May Include  Locked refrigerator or refrigerator in locked room /the ability to secure medications/ vaccine.  Vaccine may need to be refrigerated or maintained in freezer.
	Locked refrigerator or refrigerator in locked room /the ability to secure medications/ vaccine.
_	Locked refrigerator or refrigerator in locked room /the ability to secure medications/ vaccine. Vaccine may need to be refrigerated or maintained in freezer.
	Locked refrigerator or refrigerator in locked room /the ability to secure medications/ vaccine. Vaccine may need to be refrigerated or maintained in freezer.  Additional coolers.
	Locked refrigerator or refrigerator in locked room /the ability to secure medications/ vaccine. Vaccine may need to be refrigerated or maintained in freezer.  Additional coolers.  One or more rapid photocopy machines.
	Locked refrigerator or refrigerator in locked room /the ability to secure medications/ vaccine. Vaccine may need to be refrigerated or maintained in freezer.  Additional coolers.  One or more rapid photocopy machines.  Fax machine.
	Locked refrigerator or refrigerator in locked room /the ability to secure medications/ vaccine. Vaccine may need to be refrigerated or maintained in freezer.  Additional coolers.  One or more rapid photocopy machines.  Fax machine.  Telephones - separate lines (1 fax) as well as cell phones and hand held radios.
	Locked refrigerator or refrigerator in locked room /the ability to secure medications/ vaccine. Vaccine may need to be refrigerated or maintained in freezer.  Additional coolers.  One or more rapid photocopy machines.  Fax machine.  Telephones - separate lines (1 fax) as well as cell phones and hand held radios.  Computers - desktop and/or laptop with internet capacity.
	Locked refrigerator or refrigerator in locked room /the ability to secure medications/ vaccine. Vaccine may need to be refrigerated or maintained in freezer.  Additional coolers.  One or more rapid photocopy machines.  Fax machine.  Telephones - separate lines (1 fax) as well as cell phones and hand held radios.  Computers - desktop and/or laptop with internet capacity.  Four or five video and/or DVD equipment sets.
	Locked refrigerator or refrigerator in locked room /the ability to secure medications/ vaccine. Vaccine may need to be refrigerated or maintained in freezer.  Additional coolers.  One or more rapid photocopy machines.  Fax machine.  Telephones - separate lines (1 fax) as well as cell phones and hand held radios.  Computers - desktop and/or laptop with internet capacity.  Four or five video and/or DVD equipment sets.  Tables and chairs.
	Locked refrigerator or refrigerator in locked room /the ability to secure medications/ vaccine. Vaccine may need to be refrigerated or maintained in freezer.  Additional coolers.  One or more rapid photocopy machines.  Fax machine.  Telephones - separate lines (1 fax) as well as cell phones and hand held radios.  Computers - desktop and/or laptop with internet capacity.  Four or five video and/or DVD equipment sets.  Tables and chairs.  Backup generator.
	Locked refrigerator or refrigerator in locked room /the ability to secure medications/ vaccine. Vaccine may need to be refrigerated or maintained in freezer.  Additional coolers.  One or more rapid photocopy machines.  Fax machine.  Telephones - separate lines (1 fax) as well as cell phones and hand held radios.  Computers - desktop and/or laptop with internet capacity.  Four or five video and/or DVD equipment sets.  Tables and chairs.  Backup generator.  First aid kits.
	Locked refrigerator or refrigerator in locked room /the ability to secure medications/ vaccine. Vaccine may need to be refrigerated or maintained in freezer.  Additional coolers.  One or more rapid photocopy machines.  Fax machine.  Telephones - separate lines (1 fax) as well as cell phones and hand held radios.  Computers - desktop and/or laptop with internet capacity.  Four or five video and/or DVD equipment sets.  Tables and chairs.  Backup generator.  First aid kits.  Material handling equipment (e.g., forklift, dollies, box cutters, etc.).
	Locked refrigerator or refrigerator in locked room /the ability to secure medications/ vaccine. Vaccine may need to be refrigerated or maintained in freezer.  Additional coolers. One or more rapid photocopy machines.  Fax machine.  Telephones - separate lines (1 fax) as well as cell phones and hand held radios.  Computers - desktop and/or laptop with internet capacity.  Four or five video and/or DVD equipment sets.  Tables and chairs.  Backup generator.  First aid kits.  Material handling equipment (e.g., forklift, dollies, box cutters, etc.).  Alternate light source (e.g., large lamps and flashlights).  Two-way radios, cell phone, satellite phone.
	Locked refrigerator or refrigerator in locked room /the ability to secure medications/ vaccine. Vaccine may need to be refrigerated or maintained in freezer.  Additional coolers.  One or more rapid photocopy machines.  Fax machine.  Telephones - separate lines (1 fax) as well as cell phones and hand held radios.  Computers - desktop and/or laptop with internet capacity.  Four or five video and/or DVD equipment sets.  Tables and chairs.  Backup generator.  First aid kits.  Material handling equipment (e.g., forklift, dollies, box cutters, etc.).  Alternate light source (e.g., large lamps and flashlights).

### **Site Criteria Considerations**

### Schools or similar facilities are preferred locations because:

- Schools are numerous and serve fairly well defined neighborhoods convenient to the public/residents.
- Schools will likely be closed in the event of an emergency and therefore available.
- During a school closure, school personnel may be available to assist with the clinic.
- Schools generally have crisis intervention teams.
- Schools are usually on established school bus routes that may be used during the emergency to get people to the clinic.
- Schools usually have parking lots, long corridors, large classrooms, cafeterias, private
  offices, and other immediately available resources, such as tables and chairs, and offer
  physical structure that can meet most dispensing site needs.
- Schools have an established mechanism for communicating with their constituencies.
- The use of as many locations as staffing permits will minimize parking and crowding problems at each individual site.
- Schools may have systems of communication between rooms and/or two-way radios.
- Schools may have printing facilities.

Schools may have many resources that may be useful for a POD, whether the school facility is used for the POD or not, it is important to involve the leadership of the school department or school district in the planning process.

Before final selection, the planning teams, along with the MDHSS Senior Regional Planner, should make a site visit to the location to ensure that the facility meets the needs of the POD operation.
Once a site has been identified, a signed MOA should be obtained, reviewed and resigned annually.
The site location, phone number and the name of the Dispensing Site Coordinator (DSC) as well as his/her alternate should be sent to the MDHSS Regional Planner at MDHSS Center for Emergency Response and Terrorism (CERT) to ensure delivery of medications and supplies.

# **ACTIVATION POINT OF DISPENSING (POD) SITES**

Ac	tivat	e Incident Command System (ICS) Structure and Notify Stakeholders			
	Activate ICS structure.				
	Notify the following:				
		Activate the call-down systems for notifying local SNS team members.			
		Planning group.			
□ Political leaders.					
		Site (s).			
		Hospitals (Review plan for transfer of patients should the need for additional beds arise).			
		Health centers (Obtain any additional assets that can be used in an emergency).			
		Long term care facilities (Obtain assets wheelchairs, buses, etc. that can be used in an emergency).			
		EMS (Will they be utilized on-site and/or for transport?).			
		Visiting nurse agencies (Identify staff that can assist).			
		Local fire, public safety, schools, civic organization.			
		Volunteers.			
		Neighboring communities.			
Pre	nar	e to Operate Point of Dispensing Site			
	•	sess the need for additional assets.			
_ _	Review event-specific standing orders, patient education materials and clinic forms. Event-specific materials will be posted on the MDHSS web site <a href="http://www.dhss.state.mo.us/BT">http://www.dhss.state.mo.us/BT</a> Response/erp.htm and distributed via the HAN.				
	Ob	tain signature for standing orders.			
	Beg	gin copying of all materials OR contact business that will make copies.			
	Det	termine start of prophylaxis for first responders.			
	Ass	sign POD Site Coordinator (follow POD organizational chart).			
	Ass	sign additional coordinators.			
	Arra	ange for the opening of all facilities to be used.			
	Arra	ange for the closure of same facilities.			
Set	t-up	Point of Dispensing Sites			
	•	rk/delineate traffic patterns.			
		tain buses, drivers if staging area used.			
		ganize public transportation system if it is to be used.			

ш	Obtain barriers, cones, etc. for parking and traffic control.					
	Obtain walkers and wheelchairs for use in clinics.					
	Label all rooms at facilities including rest rooms.					
	Mark entrances and exits in large clear signs.					
	Prepare screening, dispensing rooms.					
				Emergency Medical Technician (EMT)/EMS support for emergencies (EMT with MS on site).		
	Arr	ange	e for	facility engineering and janitorial/custodial support.		
	Pre	epare	e ref	rigerator and/or space for receipt of prophylaxis.		
	Tes	st ba	ick-u	p electrical power capabilities.		
	Set	t-up	syst	em for communication between stations (two-way radio, phone, etc.).		
	Tes	st int	terne	et and phone and other communication tools capability.		
	De	mog	jrap	hics Considerations		
		lde	ntify	resident population.		
		lde	ntify	translators for most used languages (as well as translations of materials).		
		lde	ntify	any visiting population.		
		lde	ntify	special populations and their needs:		
			Chi	ildren and families (system, counselors, etc.).		
	Plan for alternative mechanisms to provide prophylaxis to group population (see list below).					
			Tim	neline.		
			Re	sponsible agency Contact		
			Ch	eck all that apply to community:		
				Homebound.		
				Indian reservations.		
				Prisons/jails.		
				Homeless.		
				Elderly housing.		
				Long-term care facilities.		
				Rest homes.		
				Colleges.		
				Child care centers.		
				Hotels.		
				Immigrant populations (languages, ability to connect with).		
				Influx of non-Missouri resident workers (such as Illinois residents working in St. Louis or Kansas residents working in Kansas City).		

Se	curity Considerations				
	Gather team.				
	Develop schedule.				
☐ Assign traffic control members.					
	Establish mechanism to receive state/federal assets.				
	Prepare and distribute ID's.				
	Assign site security members:				
	☐ Internal.				
	□ External.				
Со	mmunications				
	Follow pre-established risk communication plan.				
	Notify community of clinic location and time of opening.				
	Notify community of methodology of attendance.				
	Determine timing and content of press events.				
	Notify media lists and contacts:				
	□ Review communications from MDHSS (e.g., agent, protection, treatment for the public).				
	☐ Review materials for communication with the media.				
St.	affing				
ات	Prepare staffing charts.				
	Estimate number of volunteers available.				
	Review licensure of all professional staff.				
	Assign staff.				
	Obtain regulations regarding retired providers, assign these roles.				
	Obtain any additional emergency regulation changes, assign associated staff.  If needed, develop a mechanism to inform public of need for volunteers:				
_	Newspaper articles.				
	☐ Local meetings.				
	☐ Websites:				
	☐ Document names of all volunteers and shifts worked.				
	2 Boodment harnes of all volunteers and shints worked.				
Wo	orkforce Protection				
	Provide prophylaxis for staff and families.				
	Utilize this opportunity to practice plan.				
	Make any changes to plan based on lessons from providing prophylaxis to workforce, share with all volunteers.				

# Commence Dispensing Site Operations ☐ Assess daily. ☐ Make adjustments as needed. ☐ Measure flow through hourly. Documentation ☐ Document costs daily: Assigned to \_\_\_\_\_\_\_. ☐ Collect data on all participants of dispensing site. ☐ Transmit data as able (internet versus hard copy of data). ☐ Maintain all records.

# **VOLUNTEER RECRUITING**

Sou	urces for volunteers include:
	Local Health Departments.
	City/County employees.
	Family members.
	School employees such as teachers, nurses, custodial staff, Parent Teacher Organization (PTO) members (schools would likely be closed during an emergency).
	Community faith-based organizations.
	Civic organizations.
	Professional associations.
	School-based health center staff.
	School crisis teams.
	Local trucking companies.
	Taxi services.
	Public transportation workers.
	Cleaning companies.
	Local behavioral health and social service clinics, including substance abuse programs.
	Civic organizations, such as Rotary and Kiwanis.
	Volunteer organizations such as Retired Service Volunteer Corps, American Legion, Veterans of Foreign Wars.
	Local businesses (professional offices, retail, trade oriented).
	Retired nurses, physicians, and other health care providers.
	Pharmacists and pharmacy technicians (private and public pharmacies).
	Local hospitals and community medical/dental offices.
	Medical Reserve Corp members.
	Community Emergency Response Team(s).
	Local Emergency Planning Committee and/or Regional Emergency Planning Committee.
	Colleges and Technical Schools.
Pla	ces to recruit volunteers include:
	Web site: Some communities have utilized their websites to both recruit and collect data on volunteers. See: $http://www.tahd.org/bio\_volunteers.htm$
	Articles in the local papers.
	Flyers at target agencies or organizations.
	Visiting organizations and businesses.
	Attending local events and community meetings.

# Consider the need for the following: Translators. Escorts for those with difficulty in navigating the facility. Day care providers for children of volunteers. Food preparation. School bus drivers for mass transportation.

# **SECURITY PLAN**

Sec	urity plan should:						
	Coordinate with state and local law enforcement.						
	Provide security of inventory, including locked and limited access to medical supplies.						
	Identify backup power sources if required to store vaccine.						
	Provide security for transportation of medical supplies.						
	Provide maintenance of safe and secure POD sites including:						
	☐ Crowd control.						
	☐ Traffic control.						
	□ Parking control.						
	□ Safety of POD personnel.						
	Provide security for public health representatives while conducting joint investigation in the field during contact tracing interviews.						
	Provide security of the POD site.						
	Provide security and investigation of the exposure (crime scene) site; consider joint investigation with public health staff.						
	Ensure that individuals are not allowed access to incident or response sites without approved identification.						
	Identify and train personnel and volunteers in security functions/responses.						

### STAFF TRAINING

# **General Training Guidelines** Provide orientation for all staff on the overall purpose, function, and flow of the dispensing site as well as specific verbal and written directions for their individual roles. [See Job Check Lists.1 Provide a floor diagram with annotations to show traffic flow, the functions of all dispensing site stations, and a list of staff assigned to each role and each station. ☐ Review the general responsibilities of each area of the dispensing site with the entire staff. ☐ Provide each station with written information regarding specific functions of the station, where the supplies and resources are located, and who their consultants are as well as how to summon them. Assign a specific station to each volunteer, with cross training to at least one other station. In small dispensing sites, there are roles within the site that will need the flexibility to accommodate the needs of the site, to decrease congestion and waiting time (bottlenecks and lags), and to permit breaks for staff. In larger sites, this can be accomplished by cross training. Therefore, consider orienting staff in small, interchangeable teams. Orient all staff to the presence and functions of behavioral health staff. Law enforcement and emergency personnel should also attend the group orientation and should be given information about the agent and managing potential exposure to the agent. They should be familiar with the layout of the site, their role, and the location where ill patients would be maintained prior to transport. ☐ Provide a walk through of the facility for all staff and volunteers. ☐ Set a code phrase for staff to use indicating a potential problem. **Clinical Staff Training Guidelines** Large numbers of volunteers can be trained through a train-the-trainer model utilizing materials such as the Centers for Disease Control and Prevention (CDC) satellite-based courses, web pages, videocassettes, CD-ROM courses, and written training materials. All clinical staff volunteers involved in Point of Dispensing sites should receive training, emphasizing: Proper dispensing of medications or administration of vaccine and screening for contraindications.

Procedures for triage, for reporting suspected cases, and for maintaining communication.

□ Educational materials targeted to local Point of Dispensing site staff should be made ready for rapid distribution. These materials should provide detailed medical information about the agent, the medication/vaccine being used and should highlight potential side effects and their clinical management. Educational materials will be made available on

the MDHSS web site and/or the Health Alert Network (HAN).

with their immediate supervisor.

If training for a smallpox event, vaccinators should practice on each other and clinic staff with sterile saline before administering vaccine to the public. Copies of package inserts, Morbidity and Mortality Weekly Report (MMWR), Vaccine Instruction Sheet (VIS), and any other significant administration materials should be available during training and actual operations.

☐ Hold daily debriefings to assess staff performance and ascertain if additional training or dispensing site reconfiguration is needed.

### TRAFFIC AND PARKING PLAN

It is recommended that a parking and traffic plan be pre-determined for the POD site with the assistance of law enforcement, public works and other key local partners.

Ine	e pa	irking and traffic plan should consider the following:				
	Designate an area for staff parking with appropriate signage, if possible.					
	vs. wh	entify public parking areas with proximity to entrance, lighting, and ease of walking (gravel pavement). Police and re-supply vehicles need to have designated areas. Also consider ere the triage area will be placed relative to parking and entrance to the dispensing site. age should not be inside the dispensing site facility if the threat agent is contagious.				
	Pro	ovide handicapped accessible parking.				
	De	termine need and use of public transportation, if available.				
	Establish an MOU for vehicles, drivers and routing plans, if utilizing a transportation service t mobilize clients.					
		Conduct triage for contagious agents before boarding mass transport vehicle, if utilizing a satellite parking site.				
	De	termine traffic flow around and to clinic sites including client drop-off and pick-up.				
	lde	entify a dedicated drop-off site for public transportation/school buses shuttling the public.				
	lde	ntify/dedicate flow for supplies delivery and offloading.				
	Re	move any abandoned cars from designated clinic parking sites upon activation of clinic.				
		termine need for barricades for security and/or to route traffic; include Public Works in see plans.				

# **COMMUNICATIONS PLAN CHECKLIST**

Inte	ernal cor	mmunication plans must be developed for:						
	Internal communication between dispensing site stations.							
□ Communication between dispensing site and external agencies (e.g., local emergency management director, MDHSS Department Situation Room (DSR), Receiving, Staging, an Storage site (RSS), local public health agency, fire, police).								
If the POD site is a school, it may have internal phone systems and/or public addressystems.								
Ex	ternal C	ommunication to the Public and Media						
ado	ditional i	providing the public with information about site location, target population, and any information, should be developed. An excellent resource is the Public Information yided by MDHSS.						
	Plan w	hat information the public needs to know						
		e following information should be communicated to the public in as many languages as eded:						
		Target population.						
		Site location and directions.						
		Dates and times of operation.						
		Type of identification to bring, if required.						
		Length of time the process may take.						
		Type of clothing to wear.						
		Culturally appropriate information.						
		addition to information about the specific site being publicized, a concerted effort buld be made to provide information to the public that emphasizes:						
		The rationale for dispensing site strategy.						
		Disease containment measures are effective.						
		All possible measures are being taken to prevent the further spread of the disease.						
		The POD site will be identifying and screening for possible contacts. (State this clearly in the information provided to the public.)						
		What they can do to help:						
		☐ Car pool to sites.						
		☐ Help neighbors with childcare.						
		☐ Drive physically disabled, etc.						

**Internal Communication** 

Bas	sic medical information about the event that has occurred:
	Agent involved.
	Early signs and symptoms, including information on incubation period.
	Mode of transmission.
	Community locations affected by the agent.
	Asymptomatic persons will have time to get treated and should avoid going to local hospitals.
	Symptomatic or ill persons should consult with their health care providers.
Info	ormation about public dispensing sites:
	Locations and hours of operation of open dispensing sites in the affected community.
	Eligibility criteria to receive prophylaxis: "If you don't fit the criteria, you do not need treatment."
	Basic message: "Go to the dispensing site assigned for your residence location or as directed."
	Information needed to bring to the dispensing site.
	Information phone hot-line number to provide information about the event, agents, dispensing sites, etc.
Wh	at to expect at dispensing sites and information regarding the medications:
	Shots, pills or both? Description of medication(s)/vaccine.
	Local supplies of the needed medication have been exhausted (don't contact your local pharmacy for the medication).
	The Strategic National Stockpile has been requested for the community.
	It is important to reinforce to the public that regimens may change as more is learned about the specific threat. Inform the public that pills may vary in number and color due to the manufacturing difference relating to dosage and vendors.
	Wait may be long. Please be patient.
	Adults will be able to obtain additional antibiotic treatments for other household members, including disabled, homebound relatives, or neighbors. In addition to their own picture ID, adults must provide identification, health information, drug allergies, and current medication lists for each person for whom they wish to obtain prophylaxis. Medication may be obtained for others if in pill form; if vaccinations are required each person must be at the dispensing site in person.
	Each dispensing site will have a general flow and everyone will be treated in an orderly fashion, which is set up by the dispensing site management.
Wo	orst case scenarios requiring antibiotic prophylaxis to over 100,000:
	One adult representative from each household can receive medications for the entire household.
	List of acceptable documents for other household members (e.g., driver's license, tax return, social security card, etc.).

	For children less than thirteen years old: current weight, age, health information, drug allergies, and current medication lists will be needed.
	For adults: health information, drug allergies, and current medications list.
Le	gal Issues:
	Don't cheat. Persons caught hoarding or reselling pharmaceuticals intended for mass prophylaxis will be prosecuted.
	Do not use any pharmaceuticals obtained through unofficial sources, they may be ineffective or harmful. Use only medications provided at the dispensing sites or prescribed by physicians and dispensed by a licensed pharmacist.
0	ther Information:
	Do not use out-dated medications.
	Medications are free.
	If you are unable to get to a dispensing site and are indicated to get the medication, notify the appropriate authorities (give number to call).
	If an individual wants to volunteer, give information on where they could respond.
	If an individual wants to make a monetary donation, give information on how to accomplish this action.
Plan n	nechanisms for release of all public information
Co	onsider the following guidelines:
	Obtain/develop media lists and contacts.
	To ensure accurate reporting by the media, a list of subject matter experts and media spokespersons from state and local public health and safety agencies, the CDC and community partners should be developed and made easily accessible to the media through an approved format.
	The information disseminated must clearly describe the groups for whom the site is intended (and not intended), and the rationale for the designations.
	Using professional public relations assistance when available, announcements should be prepared and released for the television, radio, and newspaper media.
	If specific groups require additional information, (e.g., to counteract misconceptions about the disease, prophylaxis or treatment of certain groups) site organizers may need to distribute flyers to targeted populations in apartment buildings, neighborhoods, workplaces, schools, and/or religious centers.
Plan a	system for determining when and who will come to the dispensing sites
	onsider the following:
	Unless individuals are to be vaccinated, consider having a household representative go to the emergency-dispensing site.
	☐ The household representative should know the names, dates of birth, medications individuals are currently receiving, allergies and significant health history for those individuals he/she is representing. In addition, the household

		representative should know the height and weight of children he/she is representing to determine the proper dose of liquid medication to be dispensed for the children.				
		If families arrive together they should be kept together.				
		To determine how to group families; the use of zip codes, alphabetic letters, street names or numbers, rubbish pickup routes, polling districts, or school bus routes may be used to designate a specific date and timeframe for families/family representatives to arrive at the POD site.				
	velo tho	p a plan for communicating with special populations through mass media ds				
Co	nsid	er the following:				
	Certain special population groups (i.e., various language groups) may be asked to at a specific time and date (i.e., when translator resources are available.)					
		If special transportation can be provided for physically disabled or elderly persons, the telephone number for requesting special transportation should be included in all media releases.				
		If necessary, individuals who can be called upon to serve as interpreters should be identified to help inform non-English speakers. This list should note the foreign languages spoken by these individuals. To improve understanding of the subject matter, photographs and graphics should be provided in various media.				
De	velo	p a plan for securing communication systems and routines				
Co	nsid	er the following:				
	SO	Each dispensing site must have a working phone and, preferably, Internet connectivity, so that forms can be accessed and data entered directly into the MOHSAIC (Missouri Health Strategic Architectures and Information Cooperative) system.				
	dist	vailable, two-way radio communication system, cell phones and pagers should be tributed to the dispensing site staff. Replacement batteries and/or battery chargers for ch device also should be made available.				
	A li	st of important phone numbers should be distributed to all dispensing site staff.				

# **RISK COMMUNICATIONS AND HEALTH EDUCATION**

	ocal Public Information Officer (PIO) has a job action sheet, possesses MDHSS PIO aterials, and has been trained.							
•	process is in place to coordinate local risk communication and health education activities th state activities.							
LP	HA ŀ	nas a	adap	ted	fact sheets on BT agents for local use:			
	Ada	apta	tions	s for	special populations in the community.			
	Sto	rage	e loc	atior	n (electronic and hard copy) identified and updated regularly.			
	Pla	n fo	r ma	ss r	eproduction and storage of printed materials has been developed.			
Αp	ubli	c inf	orma	ation	template about each dispensing site has been developed:			
	Pro	ced	ures	for	informing the public about community dispensing operations are in place.			
					utilize the state public information materials and modify it appropriately to the local population. $$			
	Info	orm	the p	oubli	c prior to arriving at dispensing sites:			
		Co	ordir	nate	with local media channels.			
		We	b sit	e int	formation, printed material, newspaper inserts, videos, 24/7 Hotline.			
	☐ Dispensing site location, news briefs, informing public, rumor control.							
	☐ What to expect, empathy messages, medication compliance.							
	Educating and informing the public moving through dispensing clinics (POD Health Education):							
	Signage (in English and other appropriate languages) to educate the pu about what to expect at site, about the BT agent, disease and medication being dispensed.							
				Edu	ucator staffing plan and job action sheets for staff:			
					To educate people in line, answer questions, allay fear and concern.			
					To oversee education activities for dispensing site, monitor supply of print materials, translation services, educating special populations.			
Αp	lan	to co	ordi	inate	e local media efforts is in place:			
	Local PIO has coordinated media activities with MDHSS and or LPHA Public Information Office.							
	Ca	pabi	lities	and	audiences for each media outlet have been identified.			
	Regular meetings with local media are planned to educate, provide background information and foster collaboration between PIO and media representatives.							
	Dispensing site information is on LPHA website and is updated annually.							

	A plan to translate information is in place for non-English speaking, hearing impaired, visually impaired or functionally illiterate individuals.
	Documents have been translated as appropriate for community.
	On-site interpreters available for dispensing sites.
	Translators and TTY plans for Public Information Hotlines.
Sta	Iff have been identified and trained in risk communications and health education.

# POINT OF DISPENSING RECOMMENDED SUPPLIES

General Supplies and Equipment			Su	ggested Emergency Supplies
	"TO GO" Kit (basic first aid kit, flashlight, kept with site commander)			Adult and pediatric pocket masks with one-way valve
	Tables			Adult and pediatric airways
	Chairs			Sphygmomanometer with all sizes of
	Water and cups			cuffs
	Antibacterial hand washing solutions;			Gurney
	alcohol based hand hygiene preparations (containing 60% or more			Stethoscope
	alcohol)			Flashlight
	Paper			Cots, blankets, pillows
	Pens, pencils			
	Envelopes (large and small)		Cro	owd Management Supplies
	Manilla folders			Signs for identifying each dispensing site station
	Rubber bands			Directional signs throughout the facility
	Таре			A system to keep people in lines
	Stapler/staples			Trojetem to neep people in inice
	Scissors		Va	ccine Administration Supplies
	Self adhesive notes			Vaccine cooler/refrigerator
	Clipboards			Sharps containers
	File boxes			Latex gloves
	Telephone			Latex-free gloves
	Paper towels			Antibacterial hand washing solutions
	Facial tissues			Acetone
	Table pads and clean paper to cover			Rectangle adhesive bandages
	tables for work sites			Gauze
	Garbage containers and trash bags			Adhesive tape
	Biohazard bags			Spray bottle of bleach solution
	ID badges for staff			Hazardous medical waste bags
	List of emergency phone numbers			
	Toothpaste and tooth brushes		Co	mputer Equipment and Supplies
	Feminine hygiene products			Computers
	Toilet paper			Printers
				Paper
				Internet access

### SNS MEDICATION/VACCINE HANDLING CHECK LIST

SNS materiel must remain at appropriate temperatures during staging, storage, and transportation to ensure its potency. It is essential to keep most SNS materiel at controlled room temperatures, between 58°F and 86°F. This means storage sites, dispensing sites, treatment centers, and distribution vehicles must all be able to maintain this temperature range during very hot or very cold periods. Materiel should not be left outside during these periods. Currently, no items in the 12-hour Push Packages going to a POD require refrigeration.

A 12-hour Push Package currently includes three different controlled substances: morphine, diazepam, and midazoliam. The Drug Enforcement Administration (DEA) classifies substances by their potential for abuse. Accordingly, morphine is classified as Schedule C-II, while diazepam and midazoliam are classified as Schedule C-IV.

The DEA regulates the storage and transfer in accordance with Title 21 of the U.S. Code of Federal Regulations. The DEA subsequently authorizes individuals (registrants) to handle specific classes of controlled substances. The registrants must ensure that they maintain a detailed chain-of-custody record of all transfers. For C-II substances, that record must include a DEA Form 22; a transfer request initiated by the person receiving the materiel.

The DEA recognizes that during an emergency, availability of the identified DEA registrant may be limited. Also, extreme circumstances may dictate that controlled substances be delivered to the local health department. If the identified DEA registrant is unavailable to accept receipt at the time of delivery, the DEA will still allow delivery of the controlled substance to the organization, but the registrant must eventually provide signed paperwork for each transfer.

### Medication/Vaccine Storage and Handling

		nes for the handling and storage of medication/vaccine used in Point of Dispensing sites provided with each shipment of medication/vaccine:				
	The	e package insert should be consulted for optimal storage criteria.				
		pensing site must make arrangements to store the medication/vaccine in a secure ation.				
	Medication/vaccine usage should be monitored closely, and arrangements should be made through the SNS Ordering Manager in Planning, to obtain additional medication/vaccine if needed:					
		Unused vaccine and SNS materiel will need to be managed for eventual return to the MDHSS.				
Dis	pos	sal of Needles and Medical Waste				
		vaccination operations should observe universal precautions for preventing blood bosures and blood borne pathogen transmission.				
	Ob	serve the following guidelines for appropriate disposal of needles after use:				
		Medical waste sharps containers should be available in the area where the sharp is used.				
		Needles should be deposited into a sharps container immediately after use.				

		Medical waste, including gauze or cotton used during administration of vaccine, other potentially contaminated material, and empty vaccine vials should be bagged in appropriately marked biohazard bags/containers.					
		Arrangements should be in place for transport and destruction of biohazard bags, materials, waste, and filled sharps containers in accordance with Missouri statutes.					
Иe	dica	ntion/Vaccine Securities and Tracking					
Since the supply of medication/vaccine may be limited and the demand may be extremely high, care must be taken to protect the medication/vaccine supply from theft and fraud.							
_	Eve	ery dose and vial must be accounted for before and after each dispensing site session.					
<b></b>	The number of doses administered/dispensed must be manually tallied from the paper copi of the administration forms of persons receiving vaccine that day on a daily vaccine tracking record (if utilized).						
	The	The daily tracking record also requires entry of the following additional information:					
		Beginning inventory balance (i.e., the number of vials/bottles and doses from the previous day).					
		Vials/bottles and doses received (i.e., the number of new vials/bottles and doses received during the day at the dispensing site).					
		Total doses administered by age and lot number (brought forward electronically or manually from the administration forms).					
		Ending inventory (i.e., vials/bottles and doses at the end of the day).					
		e number of unused doses will be determined by the daily medication/vaccine tracking ord (beginning inventory plus doses received minus ending inventory):					
		If paper forms are used, the number of doses to be returned or disposed of must be calculated and entered manually.					

#### **KEY SUPPORT GROUPS**

(To provide volunteers and/or medical staff at the POD locations.)

Group Name – Community Emergency Response Team

Contact person:

Name – Job Title/Position-

Work Phone - Work Fax - Cell Phone - Pager -

Email -

Emergency Contact Method (24x7) -

Group Name – Community Medical Reserve Corp

Contact person:

Name – Job Title/Position-

Work Phone - Work Fax - Cell Phone - Pager -

Email -

Emergency Contact Method (24x7) -

Group Name -

Contact person:

Name – Job Title/Position-

Work Phone - Work Fax - Cell Phone - Pager -

Email -

Emergency Contact Method (24x7) -

Group Name -

Contact person:

Name – Job Title/Position-

Work Phone - Work Fax - Cell Phone - Pager -

Email -

Emergency Contact Method (24x7) -

Group Name –

Contact person:

Name – Job Title/Position-

Work Phone - Work Fax - Cell Phone - Pager -

Email -

Emergency Contact Method (24x7) -

Group Name -

Contact person:

Name – Job Title/Position-

Work Phone - Work Fax - Cell Phone - Pager -

Email -

Emergency Contact Method (24x7) -

# SAMPLE Memorandum of Agreement for Mass Dispensing Site

	emorandum of Agreement is entered into by and between theublic Health Agency (LPHA) and
	(Name of Facility)
	(Address)
	(Town)
	(Primary Contact Person)
	cility named above hereby acknowledges its intent to serve as a Point of Dispensing (POD) vent that community prophylaxis is necessary to address a large-scale public health ency.
	reement will be activated when a public health emergency exists and the
I. Facil	lity
	The facility agrees to do the following:
1.	After meeting responsibility requirements, facility personnel will permit, and upon request, the Local Public Health Agency, the use of the physical facilities and equipment. Occupancy will begin within 12 hours of the request and continue the duration of the request, for mass clinics for disease prevention and control activities, including but not limited to:
	<ul> <li>Office equipment, including telephones, copy machines, computers, fax machines</li> </ul>
	Tables, chairs, desks, cots, wheelchairs
	Refrigerators
	Parking areas

۷.	Designate three points of contact in case of emergency:
	<ul> <li>An Administrative point of contact, who will serve as the primary point of contact. This person should have authority to open the building.</li> </ul>
	A Facilities point of contact, who will work with Local Public Health Agency personnel to move tables, chairs, etc.
	A Security point of contact, who will work with Local Public Health Agency and local law enforcement in making security plans.
3.	Allow facility to be visited by members of the Local Public Health Agency, local law enforcement, and, if applicable, the National Guard for the development and maintenance of a site dispensing plan.
4.	Allow facility to be listed in a confidential annex to the local plan to distribute the Strategic National Stockpile (SNS).
5.	Encourage facility personnel to participate in training to serve as distribution clinic volunteers.
II. Lo	cal Public Health Agency
II. Lo	Local Public Health Agency  Local Public Health Agency agrees to do the following:
1.	Local Public Health Agency agrees to do the following:  Provide a point of contact person to answer questions the facility may have regarding
1. 2.	Local Public Health Agency agrees to do the following:  Provide a point of contact person to answer questions the facility may have regarding arrangements.  Assure the replacement or reimbursement to the facility, any supplies (including telephone charges, faxes, copying supplies, etc.) that may be used by
1. 2.	Local Public Health Agency agrees to do the following:  Provide a point of contact person to answer questions the facility may have regarding arrangements.  Assure the replacement or reimbursement to the facility, any supplies (including telephone charges, faxes, copying supplies, etc.) that may be used by
1. 2. 3.	Local Public Health Agency agrees to do the following:  Provide a point of contact person to answer questions the facility may have regarding arrangements.  Assure the replacement or reimbursement to the facility, any supplies (including telephone charges, faxes, copying supplies, etc.) that may be used by
1. 2. 3.	Local Public Health Agency agrees to do the following:  Provide a point of contact person to answer questions the facility may have regarding arrangements.  Assure the replacement or reimbursement to the facility, any supplies (including telephone charges, faxes, copying supplies, etc.) that may be used by Local Public Health Agency in conducting mass clinics.  Assure health and security professionals will triage at the entrance of the facility and, to the best of their ability, prevent contagious people from entering the building.  Coordinate the provision of extra security personnel.

### III. Time of Performance This agreement shall be effective on \_\_\_\_\_\_ or when all parties have signed, whichever is later. IV. Liability 1. The Facility, by volunteering to be used as a dispensing site without any compensation for its use, is designated as a volunteer of Local Public Health Agency. All Local Public Health Agency facilities, liability policies covering including but not limited to professional liability, tort liability, and premises liability, are applicable to the Facility during its use as a dispensing site. 2. In the event that an incident is not covered under the policies listed in Section IV, Subsection 1, then: County shall be liable for any and all claims, demands, expenses, liabilities, and losses (including reasonable attorney's fees) as a result of incidents or damages to the facility which may arise out of any acts or failures to act of Local Public Health Agency, its employees, agents, or contractor, in connection with the performances of dispensing services provided by Local Public Health Agency. Property damage to the Facility shall be identified and LPHA officials within 30 days of the reported to the appropriate dispensing site closing, and; The Facility shall be liable for any and all claims, demands, expenses, liabilities, and losses (including reasonable attorney's fees) as a result of incidents or damages to the Facility which may arise out of any acts or failures to act of the Facility employees, agents or contractors, in connection with the performance of the services provided by the Facility pursuant to this agreement. 3. Property damage not covered by any of the above conditions shall be the responsibility of the Facility.

This Agreement may be terminated by either party by giving written notice at least 90 days prior

1-37

Facility Representative

The parties to the Agreement hereby agree to any and all provisions as stipulated above.

to the effective date of termination.

LPHA Department Representative

Printed Name and Title	Printed Name and Title		
Date	Date		

# SAMPLE Memorandum of Understanding for Mass Dispensing Site Location

to s sto	serv ckp	hereby acknowledges the intent re as a local dispensing site for the Strategic National Stockpile in the event that the ile is requested to address a large-scale communicable disease outbreak or bioterrorism. In making this acknowledgment, we agree to do the following:
1.	ou LP wit	ter meeting requirements to our employees, parishioners, students, members, or clients, r facility will permit, to the extent of its ability and upon request of the LPHA, the use of the physical facilities and equipment by the LPHA thin 24 hours of the request and for the time period being requested, for mass clinics for sease prevention and control activities, including but not limited to:
	•	Office equipment, including telephones, copy machines, computers, fax machines
	•	Tables, chairs, desks, cots, wheelchairs
	•	Refrigerators
2.	De	esignate three points of contact in case of emergency:
	•	An <b>Administrator</b> who will serve as the primary point of contact. This person should have authority to open up the building.
	•	A <b>Custodial</b> point of contact who will work with LPHA personnel to move tables, chairs, etc.
	•	A <b>Security</b> point of contact that will interact with the LPHA and local law enforcement in making security plans.
3.	en	ow our facility to be visited by members of the local health department, local law forcement, and, if applicable, the National Guard for the development and maintenance of site dispensing plan.
4.		ow our facility to be listed in a confidential annex to the local plan to distribute the Strategic ational Stockpile (SNS).
5.		courage personnel to become members of the Medical Reserve Corps to ensure adequate ining for personnel willing to serve as distribution clinic volunteers.
As	par	t of this agreement, we expect the LPHA to:
1.	Pro	ovide a LPHA point of contact to answer questions that noted cility might have about these arrangements.
2.		eplace or reimburse noted facility for any supplies that may be used byPHA in the conduction of its mass clinics.

3.			who would meet people at the entrance of our not contagious people from entering the building.		
4.	Coordinate the provision of extra sec is needed.	curity pe	ersonnel, and provide any post-event cleanup that		
5.	Provide training for personnel who will staff the dispensing clinic.				
arr	It is understood the noted facility will maintain, and does not relinquish, their flexibility to make arrangements that will minimize the disruption that serving as an SNS distribution site could entail.				
LP	HA Department Representative		Distribution Site Representative		
— Pri	nted Name and Title		Printed Name and Title		
— Da	te		Date		

# **SAMPLE Agreement for Facility Use (School)**

	reement is made and entered into between the fter referred to as "District" and the IA".	School District, LPHA, hereinafter referred to
shelters	HA may, when deemed necessary, establish mass chemos for the medically fragile, hereinafter referred to as "Points to provide medical care to persons injured and/or displace nemoprophylaxis/vaccinations.	of Dispensing," at District
Therefo	re, it is mutually agreed between parties as follows:	
1.	District agrees that, after meeting its emergency responsi it will permit, to the extent of its ability and upon request o agreement, use of District facilities identified on a temporary	f the LPHA, as specified in this
2.	The LPHA and District agree to cooperate in the selection listed in Addendum A, which will be separate from facilitie agencies, although both may be active at the facility at the	s utilized by other response
3.	The District and the LPHA agree to provide, and to update contact and activation authorization information as detaile	
4.	The District agrees that it will, prior to releasing facility to facility and secure valuable property not required for the L reasonably possible.	
5.	The LPHA agrees that it will exercise reasonable care in t such facilities and will, when provided with documented in replace or reimburse the District for any foods, supplies, of equipment arising from the conduct of the LPHA activities	oventory and cost information, or damage to facilities or
6.	Upon termination of use as a treatment site, the LPHA ag original condition.	rees to leave the facility in its
7.	A representative of the LPHA will meet with the designate periodically to evaluate the necessity for the continuation other operational concerns.	
8.	Should the District request that a treatment site be relocate operations, the LPHA agrees to relocate within 48 hours of	

- 9. It is understood that it is the responsibility of the LPHA to establish, staff, maintain, and dismantle the operations of the treatment site.
- 10. Notwithstanding any other agreements, the LPHA agrees to defend, hold harmless, and indemnify the District against any legal liability in respect to bodily injury, death, and property damage arising from the negligence of the LPHA or its officers, agents, or employees, including reasonable attorneys' fees.
- 11. Notwithstanding any other agreements, the District agrees to defend, hold harmless, and indemnify the LPHA from any legal liability in respect to bodily injury, death, and property damage arising from the negligence of the District or its officers, agents, or employees, including reasonable attorneys' fees.
- 12. Either party may discontinue this agreement in writing at any time unless the facility is currently being used as a treatment site.

In witness thereof, the parties have caused this agreement to be executed, said agreement to become effective and operational upon the fixing of the last signature hereto.

LPHA Department Representative	School District Representative	
Signature	Signature	
Title	Title	
Date	Date	
APPROVED:		
LPHA COUNSEL		
	Signature	

## **Section 2**

# **POD Manager & Command Staff**

For purposes of this workbook, it is understood that a public health emergency has been confirmed, the MDHSS Department Situation Room (DSR) and local Emergency Operations Center (EOC) opened, the agent and affected population identified, and the recommendation has been made to open PODs as part of a regional plan to begin mass prophylaxis or vaccination. The mass clinic will operate under the incident command system, in accordance with existing local emergency operation plans. The decision to open PODs and the request for SNS materiel will be made according to established protocol included in the state's SNS plan. Once the decision to open a POD has been made, the LPHA will designate a POD Manager who will serve as the incident commander for the POD. All relevant information and decision-making should pass through the local EOC to ensure coordination of all emergency operations.

#### **Incident Command**

The POD Manager is responsible for the command and management activities of the POD. This person(s) will manage and control the total operation of the facility. The Manager ensures the POD functions at the highest level of efficiency possible with the given staff and supplies. The POD Manager directly oversees the operations, logistics, planning, and administration by working closely with the section chiefs and coordinators for all shifts. The POD Manager (or designee) will coordinate with the MDHSS DSR and local EOC, for information and requests.

#### Safety

The Safety Officer is responsible for ensuring the POD is free from health and safety hazards before, during and after operations. The Safety Officer will collaborate with the other section chiefs regarding the resolution of any safety issue.

#### **Public Information**

The Public Information Officer (PIO) will establish and maintain a relationship with the MDHSS DSR and local EOC to provide and receive information. The PIO will be the POD representative to the Joint Information Center (JIC) if opened. The PIO will coordinate media activities and information releases with the POD Manager and local EOC. If necessary, a room may be designated within the POD for holding press conferences and briefings with the media and dignitaries that may arrive on-site (including but not limited to elected officials).

#### **Managing Community Assistance**

The Liaison Officer is the point of contact for representatives of other governmental agencies, non-governmental organizations, and/or private entities. In either an Incident or Unified Command structure, representatives from assisting or cooperating agencies and organizations coordinate through the Liaison Officer.

#### **Security**

The level of security will be dependent on the agent involved, the size and number of PODs, and the time period. Security will be available to protect supplies, prevent unauthorized entrance to the building, and provide crowd management. A security team should arrive in advance of full clinic staff to establish clinic perimeter. At least one dedicated law enforcement resource (officer and vehicle) should be available at each POD. The level of law enforcement presence will be determined by the local law enforcement agency.

#### **POD MANAGER**

**Direct Supervisor:** LPHA Authority

**Qualifications:** Individual with public health and emergency management experience or training, good management skills, and is familiar with the state and local mass prophylaxis plans.

**Duties:** Manage and operate a fully functional Point of Dispensing (POD) facility and act as the primary decision maker for the facility.

Volunteer Sources: N/A

#### **POSITION RESPONSIBILITES**

#### **Upon Activation**

Red Age			efing from Local Public Health Agency and/or from State Emergency Management
	Un	ders	tand your mission.
	Co	mmı	unicate any concerns or problems prohibiting mission completion.
	Re	view	Mass Prophylaxis Point of Distribution Planning Guide.
	Re	view	job action sheet.
	Sig	n-oı	ut equipment and resource packet, if necessary.
	Re	ceiv	e prophylaxis/vaccination, if not already treated.
	Re	ceiv	e and put on identification (vest, ID badge, etc.).
	Sig	n ne	ecessary forms, if applicable (confidentiality forms, etc.).
	Det	term	nine staffing needs and acquire appropriate staff resources.
	Ass	sign	or greet your direct reports as they arrive:
		Log	gistics Chief.
		Ор	erations Chief.
		Fin	ance & Administration Chief.
		Info	ormation & Intelligence Chief.
		Pla	nning Chief.
		Co	mmand Staff:
			Safety Officer.
			Public Information Officer.
			Liaison Officer.
			Medical Director (optional).
			Legal Counsel (optional).
Ме	et w	ith y	our direct reports:
	Co	mple	ete a Clinic Incident Action Plan (IAP) with IAP planning team.

	Es	tablish chain of command and performance expectations:			
		Your direct reports are to report ONLY to you.			
	☐ They work with other staff as assigned by you, but they DO NOT take instructions from provide information to anyone other than you (or a Safety Officer if regarding a safety issue).				
		Any questions, problems, or incidents should be reported to you, NOT to anyone else.			
		It is important that they DO NOT MAKE DECISIONS on their own, other than provided for in their position checklist. This ensures critical consistency with respect to performance and information at the site.			
		Ensure that they are personally prepared, self-sufficient, and adequately equipped to perform their assignments.			
		e medication/vaccination prophylaxis standing orders must be approved and signed by a dical professional authorized to prescribe.			
	Ob	tain briefing statement from PIO, to be given to staff members at scheduled briefing(s).			
	Determine hours of operation and work with your direct reports to provide staff coverage as needed.				
On	-site	e Operations			
	Со	nduct on-site staff briefing(s) as scheduled by the Finance & Administration Chief.			
	Es	tablish interface with local officials:			
		Establish call-back numbers to local management.			
		Coordinate with DSR time to open POD.			
		Notify local officials when you are ready to begin processing patients.			
		Report progress to local emergency management personnel as appropriate via Liaison Officer.			
	Re	view work schedule and specific assignments for each group of staff.			
	En	sure consistency in information provided to patients in all stations.			
	As	sist local government in briefing officials and media, as appropriate.			
		Work closely with security to monitor any media breaches.			
	Es	tablish time schedule for operational briefings, and conduct as scheduled.			
	Assure assigned staff monitors patient flow through the process, and move staff where necessary to reduce or eliminate bottlenecks in the process.				
	Prepare and review recovery plan with your direct reports as end of mission becomes eminent.				
	As	sist local government representatives in briefing officials and media, as appropriate.			
	Re	view safety considerations with Safety Officer.			
	Re	view with Liaison Officer the security plans of assisting agencies.			
	Со	mmunicate with DSR at regular intervals.			
	Ре	riodically check work progress of command staff and section chiefs' goals and objectives.			
	As	sist all command staff and section chiefs when needed.			

	Manage any incidents or problems while the clinic is operational.
	Approve requests for incoming or outgoing resources (between clinics or from DSR).
	Contact the DSR for reconciliation regarding any discrepancies (excess/deficiency or wrong medications/supplies) between the order and delivery of items from SNS, DSR or other sources.
	Monitor colleagues and clients for signs of fatigue or distress.
De	activation Phase
	Coordinate between the DSR and Planning Chief to develop the recovery plan.
	Schedule and hold recovery planning meeting with command staff and section chiefs.
	Release resources and supplies and workforce as appropriate.
	Arrange to have equipment and supplies returned.
	Send all reports, documents, etc. to the necessary section chiefs or DSR.
	Restore facility to pre-clinic conditions.
	Secure facility and return keys to facility representative.
	Ensure that all records and reports are turned in to the appropriate official(s).
	Conduct exit interviews with your direct reports and appropriate local officials.
	Ensure that an After Action Review occurs and is documented.
	Participate in After Action Review meetings, as required.

This page intentionally left blank

#### **LIAISON OFFICER**

Direct Supervisor: POD Manager

**Qualifications:** An individual with good organizational skills, interpersonal skills, leadership experience, and familiarity with the state and local mass prophylaxis plan.

**Duties:** Maintain communication; provide situation status, and facility needs to local and/or county LPHA and/or EOC. Additionally, maintain communication with local community officials.

Volunteer Sources: N/A

Up	on A	Activation		
	Review your position checklist and check off tasks as they are completed.			
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.			
	Sig	n-out equipment and resource packet, if necessary.		
	Re	ceive prophylaxis/vaccination, if not already treated.		
	Sig	n necessary forms, if applicable (confidentiality forms, etc.).		
	Att	end overall staff briefing.		
	Fai	miliarize self with clinic layout and process.		
	Receive briefing from POD Manager. Ensure knowledge of full mission request and plan of operations.			
	Re	view Mass Prophylaxis Planning Guide.		
	Ga	ther needed materials:		
		Radio or other communication devices.		
		Public health emergency plan.		
		Mutual aid request forms.		
		24/7 Plans and contact information with community partners and stakeholders.		
		Briefing format.		
		All other appropriate forms.		
	Со	nduct briefing to assisting agencies as necessary.		
	Re	port to your assigned POD area for observation before beginning duties as needed.		
On	-site	e Operations		
		ntify an area where assisting agencies, community partners, and stakeholders should port.		
		eet assisting agency representatives, community partners, and stakeholders when they ive.		

	Brief assisting agencies, community partners, and stakeholders with needed information for them to do their job functions properly.
	Arrange for communication network between clinic and assisting agency representatives, community partners, and stakeholders.
	Keep log of assisting agencies on site.
	Provide routine progress and/or status reports to POD Manager.
	Monitor colleagues and clients for signs of fatigue or distress. Notify direct supervisor as appropriate.
	Perform other duties as assigned by direct supervisor.
	Participate in staff briefing(s) as scheduled by the Finance & Administration Chief.
	Maintain communication with local, county, and/or state EOC and DSR:
	☐ Provide situation status.
	☐ Communicate facility needs.
	Maintain communication with local community officials.
De	activation Phase
	When relieved, hand-in all documents, including position check list with feedback, to direct supervisor.
	Participate in scheduled debriefing at shift change or close of clinic.
	Return to workforce staging area.
	Return identification (vest, ID badge, etc.).
	Sign-in equipment.
	Identify issues for the After Action Report.

#### **PUBLIC INFORMATION OFFICER**

Direct Supervisor: POD Manager

**Qualifications:** An individual trained in media interaction and public health information with good organizational skills, interpersonal skills, leadership experience, and familiarity with the State Public Information Officer plan.

**Duties:** Coordinate media relations and releases.

**Volunteer Sources:** Local health department or emergency management agency representative.

Up	Jpon Activation			
	Review your Position Checklist and check off tasks as they are completed.			
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.			
	Sig	n-out equipment and resource packet, if necessary.		
	Re	ceive prophylaxis/vaccination, if not already treated.		
	Sig	n necessary forms, if applicable (confidentiality forms, etc.).		
	Atte	end overall staff briefing.		
	Far	miliarize self with clinic layout and process.		
	Receive briefing from POD Manager. Ensure knowledge of full mission request and plan of operations.			
	Fol	low Public Information Plan and coordinate with PIO at MDHSS DSR.		
	Re	view Mass Prophylaxis Point of Dispensing Planning Guide.		
	Prepare a briefing statement, to be given to staff members at scheduled briefing(s):			
		Mission as assigned by local management.		
		Latest event information and environmental conditions.		
		Any hazards or threats to staff safety and health.		
		Media plan and procedures.		
		Identification of the affected local emergency management structure.		
		Pertinent or unique cultural or local considerations.		
		Information flow and reporting requirements.		
		Shift considerations, and transition instructions to oncoming staff.		
		Problem solving process and methods for establishing or changing priorities.		
On	-site	e Operations		
	Re	view your position checklist and Communications Plan Checklist.		
	Receive on-site briefing from POD Manager.			

	Determine overall media policy (with POD Manager). For example:		
	□ No comment; refer media to a different contact.		
	☐ Explanatory statement; no media admittance.		
	☐ Media visits permitted.		
	☐ Media permitted to attend briefing station.		
	Develop media statement(s) as appropriate. Review the communications plan checklist.		
	Brief all personnel on media policy.		
	Brief security personnel and greeters on media handling procedures.		
	Coordinate media activities:		
	☐ Make media contacts as necessary.		
	☐ Provide media statements, answer questions.		
	☐ Arrange guided tours for media as necessary.		
	Participate in meetings and briefings to ensure that media considerations are a part of the plan at all times.		
	Document all media contacts.		
	Monitor media outlets to check accuracy of information being reported:		
	☐ Contact media outlets to correct errors of fact and control rumors about the incident.		
De	activation Phase		
	When relieved, hand-in all documents, including Position Checklist with feedback, to direct supervisor. $ \\$		
	Participate in scheduled debriefing at shift change or close of clinic.		
	Return to Workforce Staging Area.		
	Return identification (vest, ID badge, etc.).		
	Sign-in equipment.		
	Submit media contact documentation to the POD Manager.		
	Identify issues and participate in After Action Report.		

#### **SAFETY OFFICER**

Direct Supervisor: POD Manager

**Qualifications:** An individual trained in safety issues that have good organizational skills, interpersonal skills, leadership experience, and familiarity with the state and local mass prophylaxis plans.

**Duties:** Provide safety oversight to POD operations for health and safety of staff.

Volunteer Sources: N/A

Up	on A	<b>Activ</b>	vation	
	Review your Position Checklist and check off tasks as they are completed.			
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.			
	Sig	ın-oı	ut equipment and resource packet, if necessary.	
	Re	ceiv	e prophylaxis/vaccination, if not already treated.	
	Sig	ın ne	ecessary forms, if applicable (confidentiality forms, etc.).	
	Att	end	overall staff briefing.	
	Fai	milia	rize self with clinic layout and process.	
		ceiv erati	e briefing from POD Manager. Ensure knowledge of full mission request and plan of ons.	
	Re	view	Mass Prophylaxis Point of Dispensing Planning Guide.	
	Prepare a briefing statement, to be given to staff members at scheduled briefing(s), that includes:			
			Management of hazards or threats to staff safety and health.	
			Reporting hazards or threats.	
			Evacuation signals and routes, if needed.	
On	-site	е Ор	perations	
	Conduct a general inspection of the facility prior to it becoming operational with the Logistics Chief and the facility representative.			
	Complete an Incident Safety Analysis for each shift.			
	Develop a safety action plan to include:			
		Inc	ident Safety Analysis.	
		Pot	tentially hazardous situations in the POD.	
		Ha	zards, risks and potentially unsafe situations (identification and monitoring).	
			g with the Liaison Officer, ensure that all assisting agencies, community partners, and olders are included in the safety action plan.	

		Ensure adequate rest is provided to all POD staff by monitoring the sign-in and assignments at the workforce staging area.		
	Dire	Direct POD staff needing rest, food, medical or mental attention to workforce services.		
	Exe	Exercise emergency authority to stop and prevent any unsafe acts:		
	☐ Discuss with POD Manager and document action on unit log.			
	Init	iate accident investigations within the clinic:		
		Ensure that investigation does not interfere with your primary duties.		
		Provide copy of accident investigation reports to POD Manager.		
		Provide a copy of accident investigation report to the local health agency for follow up purposes (i.e., worker compensation).		
		Coordinate investigation with Medical Director/Advisor as needed.		
	Pre	epare safety messages (verbal, written, signage, etc.) for the clinic.		
	Мо	nitor personal protective equipment usage.		
		nduct follow-up inspections on a periodic basis for compliance to all health and safety ndards.		
		nitor weather forecasts for changing conditions that could cause potentially unsafe nditions.		
	Conduct periodic briefings to keep assisting agencies informed of safety action plans.			
	Provide routine progress and/or status report to POD Manager.			
		nitor colleagues and clients for signs of fatigue or distress. Notify direct supervisor as propriate.		
		sure adequate rest is provided to all POD staff by monitoring the sign-in and assignments the workforce staging area.		
	Dire	ect POD staff needing rest, food, medical or mental attention to workforce services.		
De	activ	vation Phase		
		nen relieved, hand-in all documents, including Position Check List with feedback, to direct pervisor.		
	Pai	rticipate in scheduled debriefing at shift change or close of clinic.		
	Ref	turn to Workforce Staging Area.		
	Ref	turn identification (vest, ID badge, etc.).		
	Sign-in equipment.			
	Identify issues for the After Action Report.			

#### MEDICAL DIRECTOR/ADVISOR

Collaborate with: MDHSS Medical Consultant

**Qualifications:** A physician or registered nurse that has good organizational skills, interpersonal skills, leadership experience, and familiarity with the state and local mass prophylaxis plan.

**Duties:** Provide medical oversight for POD operations.

**Volunteer Sources:** Local hospitals, community based physicians, retired physician associations, or Medical Reserve Corp.

Uр	Jpon Activation				
	Review your Position Checklist and check off tasks as they are completed.				
_	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.				
	Sign-out equipment and resource packet, if necessary.				
	Receive prophylaxis/vaccination, if not already treated.				
	Sign necessary forms, if applicable (confidentiality forms, etc.).				
	Attend overall staff briefing.				
	Familiarize self with clinic layout and process.				
	Receive briefing from POD Manager. Ensure knowledge of full mission request and plan of operations.				
_	Review Mass Prophylaxis Point of Dispensing Planning Guide.				
<b></b>	In conjunction with the PIO, prepare a briefing statement to be given to staff members at scheduled briefing(s), that includes:				
	☐ Management of biohazards or threats to staff safety and health.				
	☐ Medical standing orders.				
	☐ Concept of operations for asymptomatic and symptomatic patients.				
On	-site Operations				
	Conduct a general inspection of the facility prior to it becoming operational with the Logistics Chief and the Facility Representative to ensure infection control measures meet state requirements.				
	Ensure the medical standing order for dispensing is properly established and on-hand.				
<b></b>	Ensure that all assisting agencies are aware of the treatment coordination for symptomatic patients by working with the Liaison Officer.				
	Exercise emergency authority to stop and prevent any unsafe acts:				
	□ Discuss with POD Manager and Safety Officer				
	Monitor personal protective equipment usage.				
ר	Provide routine progress and/or status report to POD Manager				

# Deactivation Phase □ When relieved, hand-in all documents, including position check list with feedback, to direct supervisor. □ Participate in scheduled debriefing at shift change or close of clinic. □ Return to workforce staging area. □ Return identification (vest, ID badge, etc.). □ Sign-in equipment. □ Identify issues for the After Action Report.

2-14

#### **LEGAL COUNSEL**

**Direct Supervisor:** LPHA Administrator

**Qualifications:** A public administrator or legal official that has good organizational skills, interpersonal skills, leadership experience, and familiarity with the state and local mass prophylaxis plan.

**Duties:** Provide legal oversight for POD operations.

Volunteer Sources: City and state legal authorities and/or public administrators.

Upon Activation		
	Review your Position Checklist and check off tasks as they are completed.	
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.	
	Sign-out equipment and resource packet, if necessary.	
	Receive prophylaxis/vaccination, if not already treated.	
	Sign necessary forms, if applicable (confidentiality forms, etc.).	
	Familiarize self with clinic layout and process.	
	Receive briefing from POD Manager.	
	Ensure knowledge of full mission request and plan of operations.	
	Review Mass Prophylaxis Point of Dispensing Planning Guide.	
On	-site Operations	
	Review your position checklist.	
	Participate in staff briefing(s) as scheduled by the Finance & Administration Chief.	
	Provide on-site Legal Counsel to POD Manager and Public Information Officer as needed.	
De	activation Phase	
	When relieved, hand-in all documents, including position check list with feedback, to direct supervisor.	
	Participate in scheduled debriefing at shift change or close of clinic.	
	Return to workforce staging area.	
	Return identification (vest, ID badge, etc.).	
	Sign-in equipment.	
	Identify issues for the After Action Report.	

This page intentionally left blank

# **Section 3**

# **Operations**

The Operations Section works closely with all section managers to ensure that staff and volunteers work within their scope of qualifications and training. If adjustments are needed, the Operations Chief will work with the Planning Chief to develop the plan/recommendations for the POD Manager. The plan includes operations to support either a mass dispensing or mass vaccination clinic.

There are six key stages to the process:

- 1. Greeting/Triage (Greiage)
- 2. Registration
- 3. Education
- 4. Screening and Counseling
- 5. Dispensing or Vaccination
- 6. Checkout

The process can be collapsed or expanded as necessary to increase or decrease the flow of people through the POD. Plans must be flexible to accommodate unanticipated contingencies.

This page intentionally left blank

#### **OPERATIONS CHIEF**

**Direct Supervisor:** POD Manager

Qualifications: A person with good management skills.

**Duties:** Coordinate the operations section activities and have the primary responsibility for

implementing the POD plan.

**Volunteer Sources:** Local health department representative, city employees, or local emergency coordinator.

Up	on A	ACtiv	vation		
	Review your position checklist and check off tasks as they are completed.				
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.				
	Sig	ın-oı	at equipment and resource packet, if necessary.		
	Re	ceiv	e prophylaxis/vaccination, if not already treated.		
	Sig	ın ne	cessary forms, if applicable (confidentiality forms, etc.).		
	Atte	end	overall staff briefing.		
	Far	milia	rize self with clinic layout and process.		
		ceiv erati	e briefing from POD Manager. Ensure knowledge of full mission request and plan of ons.		
	Review Mass Prophylaxis Planning Guide.				
	Confirm activation of your direct reports, and assign or greet them as they arrive:				
		Se	curity Staff Coordinator.		
		Ge	neral Staff Coordinator.		
		Ме	dical Staff Coordinator.		
		Pha	armacy Staff Coordinator.		
	Ν	Леet	with your direct reports.		
		Est	ablish chain of command and performance expectations:		
			Your direct reports are to report <b>ONLY</b> to you.		
			They work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you (or a Safety Officer regarding a safety issue).		
			Any questions, problems, or incidents should be reported to you, NOT to anyone else.		
			It is important that they DO NOT MAKE DECISIONS on their own, other than provided for in their Position Checklist. This ensures critical consistency with respect to performance and information at the site.		
			sure that they are personally prepared, self-sufficient and adequately equipped to form their assignments.		

	Prepare a briefing statement, to be given to staff members at scheduled briefing(s):
	□ Operational overview.
	☐ Station flow.
	□ Patient flow.
	Confirm with Logistics Chief that all equipment and supplies are being shipped to the treatment site, and that areas are being set up.
	Develop on-site staff assignments and work schedule.
On	-site Operations
	Participate in staff briefing(s) as scheduled by the Finance & Administration Chief.
	Maintain unit log.
	Work with the Logistics Chief to set up briefing, interview, clinical and pharmacy areas. Make sure staff has all equipment and supplies needed to carry out their functions.
	Meet with briefing area staff and ensure that material presented is consistent with mass prophylaxis process and other information being distributed.
	Meet with pharmacy supervisor and review mass prophylaxis process flow chart ensuring that pharmacy is ready to process prescriptions.
	Meet with mental health staff and review mass prophylaxis process flow chart ensuring that staff is clear on treatment protocols.
	Brief all station supervisors on procedures for additional supplies, security problems, treatment issues or other problems.
	Follow the process as patients begin to filter through each station. Modify any process as needed.
	Obtain information and updates from those reporting to you for resources needed.
	Communicate all requests for incoming and outgoing resources with POD Manager.
	Request the need for additional pharmaceuticals as determined by the pharmacy through the Logistics Chief.
	Provide routine progress and/or status reports to POD Manager.
	Ensure scheduled breaks and relief for the section is being appropriately handled.
	Review and confirm staffing levels for next day or next shift with directors and supervisors.
	Monitor colleagues and clients for signs of fatigue and distress. Notify direct supervisor as appropriate.
	Perform other duties as assigned and approved by direct supervisor.
	Ensure that proper documentation is maintained for all activities.

# Deactivation Phase □ Coordinate with Planning Chief plans for recovery. □ When relieved, hand-in all documents, including position check list with feedback, to direct supervisor. □ Participate in scheduled debriefing at shift change or close of clinic. □ Return to workforce staging area. □ Return identification (vest, ID badge, etc.). □ Sign-in equipment. □ Identify issues for the After Action Report. □ Conduct exit interviews with your direct reports.

☐ Participate in the After Action process.

This page intentionally left blank

#### **SECURITY STAFF COORDINATOR**

Direct Supervisor: Operations Chief

**Qualifications:** Person should have a leadership background, previous experience in security, and strong organizational skills.

**Duties:** Lead, coordinate, and supervise security staff and resources.

**Volunteer Sources:** Fraternal orders, auxiliary police, private security companies, and local law enforcement.

Up	on Activation
	Review your position checklist and check off tasks as they are completed.
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.
	Sign-out equipment and resource packet, if necessary.
	Receive prophylaxis/vaccination, if not already treated.
	Sign necessary forms, if applicable (confidentiality forms, etc.).
	Attend overall staff briefing.
	Familiarize self with clinic layout and process.
	Review Mass Prophylaxis Planning Guide.
	Report to your assigned clinic area for observation before beginning duties as needed.
	Perform security assessment of facility.
	Contact the POD Manager (or Logistics Chief if assigned) to identify security needs.
	Determine the number of security staff needed to provide adequate security.
	Develop security plan and traffic control plan accordingly.
	Attend initial briefing/planning meeting with command staff and section chiefs to review POD set-up.
On	-site Operations
	Establish contacts with local law enforcement as required.
	Monitor and adjust security and traffic plans accordingly.
	Ensure that a resource accountability system (personnel and equipment) is established and maintained.
	Arrange for security of equipment and supplies as they arrive at the site.
	Supervise the set-up of crowd control system (cones, ropes, etc.) with the facility flow personnel.
	Participate in meetings and briefings to ensure that security considerations are a part of the plan at all times.

	Pos	Post security staff as needed. At a minimum:		
		Entrance: admit authorized personnel and patients only; check for hand-stamps (indicating prior treatment; refer these individuals to the POD Manager, as they may be trying to acquire additional medications) <i>(optional)</i> .		
		Exit: ensure no unauthorized entry.		
		Pharmacy: Ensure right hand is stamped upon receipt of pharmaceuticals <i>(optional)</i> .		
	Ens	sure security is provided for all personnel, equipment, supplies, vehicles, and buildings.		
	Ме	et with local law enforcement and coordinate issues/efforts.		
	Co	ordinate staff badges/passes as necessary.		
	lde	ntify and make known to the Operations Chief any security issues.		
		er operational assistance and recommendations regarding evidence collection, cessing, and security to local law enforcement.		
	No	tify the Safety Officer of any accidents.		
	Re	cord all incident related complaints and suspicious occurrences.		
	Review and confirm staffing levels for next day or next shift with Operations Chief.			
	Provide routine progress and/or status reports to Operations Chief.			
	Monitor colleagues and clients for signs of fatigue or distress. Notify direct supervisor as appropriate.			
	Pei	form other duties as assigned and approved by direct supervisor.		
De	activ	vation Phase		
	Co	ordinate with Planning Chief plans for recovery.		
	Ass	sist with restoring facility to pre-clinic conditions.		
		en relieved, hand-in all documents, including position check list with feedback, to direct pervisor.		
	Pai	rticipate in scheduled debriefing at shift change or close of clinic.		
	Ref	turn to workforce staging area.		
	Ref	turn identification (vest, ID badge, etc.).		
	Sig	n-in equipment.		
	lde	ntify issues for the After Action Report.		

#### **SECURITY TEAM MEMBER**

**Direct Supervisor:** Security Staff Coordinator

**Qualifications:** Person should have a leadership background, previous experience in security, and strong organizational skills.

**Duties:** Provide security at and around facility, assist with traffic, parking, and POD flow.

**Volunteer Sources:** Fraternal Orders, Auxiliary Police, private security companies, and local law enforcement.

υþ	On F	Activation	
	Review your position checklist and check off tasks as they are completed.		
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.		
	Sig	n-out equipment and resource packet, if necessary.	
	Re	ceive prophylaxis/vaccination, if not already treated.	
	Sig	n necessary forms, if applicable (confidentiality forms, etc.).	
	Atte	end overall staff briefing.	
	Far	miliarize self with clinic layout and process.	
	Re	view Mass Prophylaxis Planning Guide.	
	Re	port to your assigned clinic area for observation before beginning duties as needed.	
On	-site	e Operations	
	Pei	form duties as outlined by the security staff coordinator, which may include:	
		Meet supply vehicle with medications and supplies, and provide security to site location.	
		Secure all entrances/exits.	
		Greet vehicles and direct to appropriate parking locations.	
		Direct clients to entrance.	
		Provide security within the facility.	
		Maintain order within and outside the facility, responding as needed to events.	
		Ensure smooth operations.	
		Participate in the set-up of Crowd Control system (cones, ropes, etc.).	
		Check stations on routine basis for any potential security problems. Report findings to the security staff coordinator.	
		Issue access badges or passes.	
		Establish a protective perimeter for the operation.	
		Offer assistance and/or advice regarding evidence processing and custody to the agency of the affected jurisdiction charged with that responsibility	

		Ensure that evacuation signals and routes are labeled appropriately.	
	☐ Investigate accidents and write accident reports.		
		Ensure that all patients receive an ink stamp to their right hand at the pharmacy dispensing station when they receive their medication. This will prevent them from reprocessing to receive more medication. <i>(Optional)</i>	
		Ensure that all patients entering the facility do NOT have an ink stamp on their right hand (indicating that they might be trying to re-process for more medication). <i>(Optional)</i>	
		Report any security findings to the security staff coordinator.	
		Provide routine progress and/or status reports to security staff coordinator.	
		Monitor colleagues and clients for signs of fatigue or distress. Notify direct supervisor as appropriate.	
		Perform of other duties as assigned and approved by direct supervisor.	
Dea	Deactivation Phase		
	Coordinate with Planning Chief plans for recovery.		
	Ass	sist with restoring facility to pre-clinic conditions.	
		en relieved, hand-in all documents, including position check list with feedback, to direct pervisor.	
	Par	ticipate in scheduled debriefing at shift change or close of clinic.	
	Ret	turn to workforce staging area.	
	Ret	turn identification (vest, ID badge, etc.).	
	Sign-in equipment.		
	Identify issues for the After Action Report.		

#### **GENERAL STAFF COORDINATOR**

**Direct Supervisor:** Operations Chief

**Qualifications:** Experience supervising, directing and working with volunteers and possess leadership skills.

**Duties:** Lead, supervise, and instruct group leaders in the operations section. Assign and document volunteer staffing assignments.

**Volunteer Sources:** Recreation department program personnel, senior center program personnel, non-profit volunteer managers, members of civic and faith-based organizations, city employees, school employees, and family members.

Up	Upon Activation		
	Review your Position Checklist and check off tasks as they are completed.		
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.		
	Sign-out equipment and resource packet, if necessary.		
	Receive prophylaxis/vaccination, if not already treated.		
	Sign necessary forms, if applicable (confidentiality forms, etc.).		
	Attend overall staff briefing.		
	Familiarize self with clinic layout and process.		
	Review Mass Prophylaxis Planning Guide.		
	Report to your assigned clinic area for observation before beginning duties as needed.		
On	a-site Operations		
	Ensure all stations have appropriate forms and equipment needed.		
	Ensure all stations are set-up properly.		
	Monitor client flow patterns and assist the Operations Chief in correcting any problems.		
	When station supervisors report disruptions and changes in client flow, report to Operations Chief.		
	Ensure consistency in information provided to clients at all stations.		
	Ensure that proper documentation is maintained for all station activities.		
	Collect client forms from each station, as necessary.		
	Assist with answering client questions within scope of training/qualifications.		
	Reassign floater/runner group staff to areas of greater need as assessed or observed throughout shift.		
	Ensure scheduled breaks and relief for all station group staff.		
	Ensure all station group staff is adhering to infection control procedures.		
	Review and confirm staffing levels for next day or next shift with Operations Chief.		

ш	Provide routine progress and/or status reports to Operations Chief.
	Monitor colleagues and clients for signs of fatigue or distress. Notify direct supervisor as appropriate.
	Perform other duties as assigned and approved by direct supervisor.
De	activation Phase
	Coordinate with Planning Chief plans for recovery.
	When relieved, hand-in all documents, including position check list with feedback, to direct supervisor.
	Participate in scheduled debriefing at shift change or close of clinic.
	Return to workforce staging area.
	Return identification (vest, ID badge, etc.).
	Sign-in equipment.
	Identify issues for the After Action Report.

# **FACILITY FLOW TEAM MEMBER**

**Direct Supervisor:** General Staff Coordinator

**Qualifications:** Ability to organize and visualize processes, lead, communicate, and direct large groups of people.

**Duties:** Direct recipients through the clinic process and monitor process for bottlenecks or problems.

**Volunteer Sources:** Community persons such as civic organizations, city employees, school employees, and family members.

Up	Upon Activation		
	Review your position checklist and check off tasks as they are completed.		
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.		
	Sign-out equipment and resource packet, if necessary.		
	Receive prophylaxis/vaccination, if not already treated.		
	Sign necessary forms, if applicable (confidentiality forms, etc.).		
	Attend overall staff briefing.		
	Familiarize self with clinic layout and process.		
	Review Mass Prophylaxis Planning Guide.		
	Report to your assigned clinic area for observation before beginning duties as needed.		
On-site Operations			
	Assist with creation/posting of appropriate signage to direct patient flow.		
	Assist clients in moving through each station of the dispensing process.		
	Avoid the formation of crowds in any one area.		
	Escort non-English speaking/reading clients from entrance to special needs areas.		
	Assist groups entering and leaving areas.		
	Notify clients when forms will be needed or of any special needs (e.g., rolling up sleeves for immunizations).		
	Accompany clients who need assistance (wheel chairs, walkers, unsteady).		
	Notify supervisor of bottlenecks.		
	Notify security staff of situations requiring security intervention.		
	Assist in transporting supplies as needed.		
	Periodically check with dispensing site staff for any supply needs or client assistance needs.		
	Escort distressed, upset clients, anxious clients to mental health consultation area.		
	Assure family units remain together and in appropriate lines.		

# Deactivation Phase When relieved, hand-in all documents, including position check List with feedback, to direct supervisor. □ Participate in scheduled debriefing at shift change or close of clinic. □ Return to workforce staging area. □ Return identification (vest, ID badge, etc.). □ Sign-in equipment. □ Identify issues for the After Action Report.

#### **CHECK-IN & FORMS DISTRIBUTION TEAM MEMBER**

**Direct Supervisor:** General Staff Coordinator

**Qualifications:** Ability to organize, communicate, and direct large groups of people.

**Duties:** Provide basic informational material, POD documents, explain how to complete the documents, and answer questions.

**Volunteer Sources:** Community persons such as civic organizations, senior centers, recreation departments, schools, faith-based organizations, health educator or teacher.

Up	on Activation
	Review your position checklist and check off tasks as they are completed.
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.
	Sign-out equipment and resource packet, if necessary.
	Receive prophylaxis/vaccination, if not already treated.
	Sign necessary forms, if applicable (confidentiality forms, etc.).
	Attend overall staff briefing.
	Familiarize self with clinic layout and process.
	Review Mass Prophylaxis Planning Guide.
	Report to your assigned clinic area for observation before beginning duties as needed.
	Review the dispensing site forms.
	Assist in set-up of registration area.
On	-site Operations
	Ensure station has appropriate recipient forms and equipment needed.
	Ensure station is set-up properly, including leaving ample space for recipient confidentiality.
	Screen recipients and validate signature on consent form.
	Ensure accuracy and completeness of recipient forms.
	Answer recipient questions within scope of training and qualifications.
	Refer recipients with extraneous concerns to the appropriate persons.
	Maintain adequate supply levels. Contact a runner for additional supplies.
	Provide routine progress and/or status reports to general staff coordinator.
	Monitor colleagues and clients for signs of fatigue or distress. Notify direct supervisor as appropriate.
	Perform other duties as assigned and approved by direct supervisor.
	Provide individuals with registration and educational materials, stressing the importance of filling out forms completely and legibly.

	Assist individuals who require assistance in completing forms.
	Be available to answer any questions related to the forms, any medical questions should be referred to Medical Screeners.
	Notify facility flow team of individuals who need assistance, wheel chairs, walkers, or those in distress, upset or anxious who need mental health consultation.
	Identify additional needs as they arise (e.g., need for translators).
	Ensure crowd control system (cones, ropes, etc.) is set up by facility flow personnel.
	Log arriving patients on the patient log (if utilized).
	Provide each patient with a medical screening form and direct him/her to proceed to the seating area to complete the form.
De	activation Phase
	When relieved, hand-in all documents, including position check list with feedback, to direct supervisor.
	Participate in scheduled debriefing at shift change or close of clinic.
	Return to Workforce Staging Area.
	Return identification (vest, ID badge, etc.).
	Sign-in equipment.
	Identify issues for the After Action Report

#### **BRIEFER/EDUCATORS**

**Direct Supervisor:** General Staff Coordinator

**Qualifications**: Ability to speak to groups, operate video equipment, and knowledge of the community.

**Duties:** Provide orientation brief to recipients entering the POD.

**Volunteer Sources:** Community persons such as civic organizations, senior centers, recreation departments, schools, faith-based organizations, health educator or teacher.

Up	Upon Activation	
	Review your position checklist and check off tasks as they are completed.	
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.	
	Sign-out equipment and resource packet, if necessary.	
	Receive prophylaxis/vaccination, if not already treated.	
	Sign necessary forms, if applicable (confidentiality forms, etc.).	
	Attend overall staff briefing.	
	Familiarize self with clinic layout and process.	
	Review Mass Prophylaxis Planning Guide.	
	Report to your assigned clinic area for observation before beginning duties as needed.	
On	-site Operations	
	Ensure station has appropriate handouts, videos, audio/visual (A/V) equipment and all other educational materials needed.	
	Ensure A/V equipment is set-up properly.	
	Ensure station is set-up properly for recipients.	
	Present the educational materials to the recipients.	
	Maintain recipient flow on schedule.	
	Report disruptions and changes in recipient flow to medical staff coordinator.	
	Procure and store enough copies to provide the fact sheet and frequently asked questions to each patient.	
	Brief patient groups of up to 30.	
	☐ The number of persons in the orientation briefings can vary to accommodate the rate at which people arrive.	
	<ul> <li>Orientation locations may serve as holding locations if bottlenecks occur along the dispensing site line.</li> </ul>	
	☐ The briefing includes:	
	Description of the dispensing site process.	

<ul> <li>Written information about the disease, agent and medication/vaccine, and a toll-free 24/7 telephone number to call with questions.</li> <li>Opportunity to ask questions.</li> <li>If available, a video may be shown (in an emergency, state supplied videos may be</li> </ul>
If available, a video may be shown (in an emergency, state supplied videos may be
· · · · · · · · · · · · · · · · · · ·
provided to television channels).
ver recipient questions within scope of training and qualifications.
r recipients with extraneous concerns to the appropriate area.
tain adequate supply levels. Contact a runner for additional supplies.
de routine progress and/or status reports to medical staff coordinator as needed.
tor colleagues and recipients for signs of fatigue or distress. Notify direct supervisor as opriate.
ophate.
orm other duties as assigned and approved by direct supervisor.
orm other duties as assigned and approved by direct supervisor.
orm other duties as assigned and approved by direct supervisor.  tion Phase n relieved, hand-in all documents, including position check list with feedback, to direct
orm other duties as assigned and approved by direct supervisor.  tion Phase n relieved, hand-in all documents, including position check list with feedback, to direct rvisor.
orm other duties as assigned and approved by direct supervisor.  tion Phase In relieved, hand-in all documents, including position check list with feedback, to direct rivisor.  cipate in scheduled debriefing at shift change or close of clinic.
tion Phase n relieved, hand-in all documents, including position check list with feedback, to direct rvisor.  cipate in scheduled debriefing at shift change or close of clinic. In to workforce staging area.
t t

#### **SPECIAL NEEDS STAFF**

Direct Supervisor: General Staff Coordinator

**Qualifications:** Experience working with special needs population.

**Duties:** Assist recipients with special needs individually. Communicate special needs, such as language barrier, to the supervisor so that arrangements can be made to assist the recipient.

**Volunteer Sources:** Local hospitals, nursing homes, senior centers, physical therapists, and occupational therapist associations.

Up	Upon Activation		
	Review your position checklist and check off tasks as they are completed.		
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.		
	Sign-out equipment and resource packet, if necessary.		
	Receive prophylaxis/vaccination, if not already treated.		
	Sign necessary forms, if applicable (confidentiality forms, etc.).		
	Attend overall staff briefing.		
	Familiarize self with clinic layout and process.		
	Review Mass Prophylaxis Planning Guide.		
	Report to your assigned clinic area for observation before beginning duties as needed.		
On-site Operations			
	Confirm and determine number and types of staff available by specialty. Coordinate with Operations Chief if needed.		
	Project needs for additional staff based on number of special needs recipients arriving at the clinic.		
	Determine if a separate special needs line is needed in the clinic for ease of recipient flow.		
	Ensure availability of a private area to assist recipients as needed.		
	Assess current supplies and procure wheelchairs with the Logistics Chief.		
	Work with floaters/runners to help recipients with physical needs, as appropriate.		
	Monitor recipient flow patterns (if there is a special needs line) with the Operations Chief to correct any problems.		
	Ensure that proper documentation is maintained for all activities.		
	Collect documentation as necessary.		
	Ensure scheduled breaks and relief for all staff.		
	Review and confirm staffing levels for next day or next shift with Operations Chief.		
	Provide routine progress and/or status reports to Operations Chief.		

	Monitor colleagues and recipients for signs of fatigue or distress. Notify direct supervisor as appropriate.
	Perform other duties as assigned and approved by direct supervisor.
Deactivation Phase	
	When relieved, hand-in all documents, including position check list with feedback, to direct supervisor.
	Participate in scheduled debriefing at shift change or close of clinic.
	Return to workforce staging area.
	Return identification (vest, ID badge, etc.).
	Sign-in equipment.
	Identify issues for the After Action Report

# FLOATER/RUNNER

**Direct Supervisor:** General Staff Coordinator

**Qualifications:** Persons should have ability to endure physical activity for assisting staff and recipients in POD.

**Duties:** Assist POD staff with various activities.

**Volunteer Sources:** Local health departments, city employees, civic organizations, faith-based organizations, and family members.

Up	on Activation	
	Review your Position Checklist and check off tasks as they are completed.	
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.	
	Sign-out equipment and resource packet, if necessary.	
	Receive prophylaxis/vaccination, if not already treated.	
	Sign necessary forms, if applicable (confidentiality forms, etc.).	
	Attend overall staff briefing.	
	Familiarize self with POD layout and process.	
	Review Mass Prophylaxis Planning Guide.	
	Report to your assigned POD area for observation before beginning duties as needed.	
On	-site Operations	
	Ensure station(s) have appropriate materials and equipment needed. (May be assigned to one specific station of the POD for full length of shift.)	
	Assist all stations of the POD as requested.	
	Deliver messages as requested.	
	Report disruptions and change in recipient flow to the general staff coordinator.	
	Refer client questions to appropriate persons.	
	Provide routine progress and/or status reports to general staff coordinator.	
	Monitor colleagues and clients for signs of fatigue or distress. Notify direct supervisor as appropriate.	
	Perform other duties as assigned and approved by direct supervisor.	
Deactivation Phase		
	When relieved, hand-in all documents, including position check list with feedback, to direct supervisor.	
	Participate in scheduled debriefing at shift change or close of POD.	

Return to Workforce Staging Area.
Return identification (vest, ID badge, etc.).
Sign-in equipment.
Identify issues for the After Action Report.

#### **TRANSLATOR**

**Direct Supervisor:** General Staff Coordinator

**Qualifications:** Persons should be bilingual (including American Sign Language) for translation in a reassuring, calm, and soothing manner.

**Duties:** Provide interpretation for non-English speaking individuals throughout the dispensing site.

**Volunteer Sources:** Local health departments, city employees, civic organizations, faith-based organizations, colleges/universities, and family members.

Up	Upon Activation		
	Review your position checklist and check off tasks as they are completed.		
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.		
	Sign-out equipment and resource packet, if necessary.		
	Receive prophylaxis/vaccination, if not already treated.		
	Sign necessary forms, if applicable (confidentiality forms, etc.).		
	Attend overall staff briefing.		
	Familiarize self with POD layout and process.		
	Review Mass Prophylaxis Planning Guide.		
	Report to your assigned POD area for observation before beginning duties as needed.		
	Review all dispensing site forms.		
	Become familiar with all education materials.		
	Utilize methods to identify languages available (e.g., country flags).		
	Maintain contact with greeter, registration, flow maintenance and POD Manager, so they are aware of your ability to translate		
On-	-site Operations		
	Review and become familiar with all forms and materials to enable easier interpretation.		
	Work with greeters in patient check in area to identify recipients with language barriers requiring translators.		
	Greet the recipient, introduce yourself, and explain that you are there to provide interpretation to help them through the process.		
	Interpret all verbal instructions, questions, education, and written materials.		
	Provide interpretation services as needed.		
	□ Assist with forms. May need to verbally ask for the information on the form and write in the information given by the recipient.		
	☐ Provide translation of forms and materials, if possible.		

	Accompany recipients needing interpretation services through each POD station.	
	Refer distressed, upset individuals, anxious individuals who need mental health consultation.	
	Request additional supplies as needed.	
	Document services and track numbers as appropriate.	
	Provide routine progress and/or status reports to general services coordinator.	
	Review and confirm staffing levels for next day or next shift with general staffing coordinator.	
	Monitor colleagues and recipients for signs of fatigue or distress. Notify direct supervisor as appropriate.	
	If available, perform other duties as needed and approved by direct supervisor.	
Deactivation Phase		
	When relieved, hand-in all documents, including position check list with feedback, to direct supervisor.	
	Participate in scheduled debriefing at shift change or close of POD.	
	Return to workforce staging area.	
	Return identification (vest, ID badge, etc.).	
	Sign-in equipment.	
	Identify issues for the After Action Report.	

# **CHECKOUT ADMINISTRATOR**

**Direct Supervisor:** General Staff Coordinator

Qualifications: Detail oriented, organized, good customer service skills.

**Duties:** Ensure recipients have received their prophylaxis and understand instructions given.

Volunteer Sources: Local health departments and city employees.

υþ	opon Activation			
	Review your position checklist and check off tasks as they are completed.			
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.			
	Sign-out equipment and resource packet, if necessary.			
	Receive prophylaxis/vaccination, if not already treated.			
	Sign necessary forms, if applicable (confidentiality forms, etc.).			
	Attend overall staff briefing.			
	Familiarize self with POD layout and process.			
	Review Mass Prophylaxis Planning Guide.			
	Report to your assigned POD area for observation before beginning duties as needed.			
On	-site Operations			
	Set-up station with appropriate exit materials and equipment needed.			
	Provide exit materials and review information, emergency contact information and vaccine site management with recipients if necessary.			
	Report disruptions and changes in recipient flow to Exit Station Supervisor.			
	Ensure accuracy and completeness of recipient forms if necessary.			
	Refer recipient questions to appropriate persons.			
	Maintain adequate supply levels. Contact a runner for additional supplies.			
	Provide routine progress and/or status reports to general staff coordinator.			
	Monitor colleagues and recipients for signs of fatigue or distress. Notify direct supervisor as appropriate.			
	Perform other duties as assigned and approved by direct supervisor.			

# Deactivation Phase When relieved, hand-in all documents, including position check list with feedback, to direct supervisor. □ Participate in scheduled debriefing at shift change or close of POD. □ Return to Workforce Staging Area. □ Return identification (vest, ID badge, etc.). □ Sign-in equipment. □ Identify issues for the After Action Report.

#### **MEDICAL STAFF COORDINATOR**

**Direct Supervisor:** Operations Chief

**Qualifications:** Registered Nurse

**Duties:** Assign and document the medical staffing assignments on a POD assignment sheet, oversee medical staff at the facility, and assist medical staff as needed.

**Volunteer Sources:** Local hospitals, retired nurse and physician associations, Medical Reserve Corp, and community based physicians.

Up	on Activation
	Review your position checklist and check off tasks as they are completed.
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.
	Sign-out equipment and resource packet, if necessary.
	Receive prophylaxis/vaccination, if not already treated.
	Sign necessary forms, if applicable (confidentiality forms, etc.).
	Attend overall staff briefing.
	Familiarize self with POD layout and process.
	Review Mass Prophylaxis Planning Guide.
	Report to your assigned POD area for observation before beginning duties as needed.
On	-site Operations
	Ensure all stations have appropriate forms and equipment needed.
	Ensure all stations are set-up properly.
	Instruct appropriate staff on the policies and methods for administration of vaccine or dispensing of medications.
	Monitor recipient flow patterns and assist the Operations Chief in correcting any problems.
	When station supervisors report disruptions and changes in recipient flow, report to Operations Chief.
	Ensure consistency in information provided to recipients at all stations.
	Ensure that proper documentation is maintained for all station activities.
	Collect recipient forms from each station as necessary.
	Assist with answering recipient questions within scope of training and qualifications when asked by station group staff.
	Serve as final arbiter regarding medical questions, clinical care issues or vaccine refusal.
	Act as final decision-maker for persons with contraindications to receive the vaccine or medication.
	Ensure scheduled breaks and relief for all station group staff.

	Ensure all station group staff are adhering to infection control procedures.		
	Review and confirm staffing levels for next day or next shift with Operations Chief.		
	Provide routine progress and/or status reports to Operations Chief.		
	Monitor colleagues and recipients for signs of fatigue or distress. Notify direct supervisor as appropriate.		
	Perform other duties as assigned and approved by direct supervisor.		
Dea	Deactivation Phase		
	When relieved, hand-in all documents, including position check List with feedback, to direct supervisor.		
	Participate in scheduled debriefing at shift change or close of POD.		
	Return to workforce staging area.		
	Return identification (vest, ID badge, etc.).		
	Sign-in equipment.		
	Identify issues for the After Action Report.		

#### **GREETER/GREIAGE**

**Direct Supervisor:** Medical Staff Coordinator

**Qualifications:** EMT, paraprofessional (nursing assistant, LPN, nursing student, medical student) with triage experience or an individual trained to perform these duties.

**Duties:** Greet and conduct initial assessment of recipients upon their arrival.

**Volunteer Sources:** Fire department, recreation department, businesses, health career schools, private ambulance services, health associations, military reservists.

Up	Upon Activation			
	Review	your position checklist and check off tasks as they are completed.		
	Check	in with Credentialing Coordinator, validate credentials, and put on ID badge.		
	Sign-o	ut equipment and resource packet, if necessary.		
	Receiv	e prophylaxis/vaccination, if not already treated.		
	Sign n	ecessary forms, if applicable (confidentiality forms, etc.).		
	Attend	overall staff briefing.		
	Familia	arize self with clinic layout and process.		
	Review	v Mass Prophylaxis Planning Guide.		
	☐ Report to your assigned clinic area for observation before beginning duties as needed.			
On	-site O <sub>l</sub>	perations		
	Assist	with set-up of check-in area, and other areas as requested.		
	Greet and welcome patients as they arrive/assemble, and answer their initial questions. Perform an initial "triage" process to separate the sick from the "well" patients.			
Receive instructions for identifying patients who may be ill or exhibiting symptohandling of these two groups from the medical staff coordinator:		ceive instructions for identifying patients who may be ill or exhibiting symptoms and ndling of these two groups from the medical staff coordinator:		
		Recipients who have been exposed to the agent or to cases should be escorted to a separate room/area for interviewing and possible transportation to a quarantine facility.		
		Recipients who are symptomatic/ill should be referred for medical evaluation and possible transfer to a medical facility by emergency medical services.		
		Recipients who may have difficulty following directions or who have mobility limitations should be assigned an escort.		
		patients that their technical questions will be answered in briefings and/or the clinical ew phase.		
	Identify	individuals with language barriers and notify translators.		
	Provid	e paperwork packets, with adjustments as needed to accommodate language needs.		
	Identify	individuals who may need mental health consultation or additional assistance.		

	Recognize clients with special needs. Alert non-medical services director to send appropriate floater/runner to assist client throughout their clinic process.
	Provide clients with client packet and registration materials and forms.
	Assign client ID if necessary.
	Report disruptions and changes in client flow to supervisor.
	Ensure accuracy and completeness of client forms if necessary.
	Refer client questions to the appropriate persons.
	If a family member of a clinic worker arrives at the clinic requesting to speak with their relative, contact a floater/runner to find/radio the supervisor. Be sure to keep that family member at the front door. Contact security if necessary.
	Maintain adequate supply levels. Contact a runner for additional supplies.
	Work with supervisor to incorporate changes within station as needed.
	Provide routine progress and/or status reports to medical staff coordinator.
	Monitor colleagues and clients for signs of fatigue or distress. Notify direct supervisor as appropriate.
	Perform other duties as assigned and approved by direct supervisor.
De	activation Phase
	When relieved, hand-in all documents, including position check list with feedback, to direct supervisor.
	Participate in scheduled debriefing at shift change or close of clinic.
	Return to workforce staging area.
	Return identification (vest, ID badge, etc.).
	Sign-in equipment.
	Identify issues for the After Action Report.

# INTERVIEWERS/MEDICAL SCREENERS GROUP LEADER

**Direct Supervisor:** Medical Staff Coordinator

Qualifications: A physician or nurse

**Duties:** Oversee interviewers and medical screeners for POD recipients.

Volunteer Sources: Local hospitals or community based physicians, retired physician

associations, Medical Reserve Corp, local health departments.

Up	Jpon Activation			
	Review your position checklist and check off tasks as they are completed.			
	Ch	eck	in with Credentialing Coordinator, validate credentials, and put on ID badge.	
	Sig	ın-oı	at equipment and resource packet, if necessary.	
	Re	ceiv	e prophylaxis/vaccination, if not already treated.	
	Sig	ın ne	ecessary forms, if applicable (confidentiality forms, etc.).	
	Atte	end	overall staff briefing.	
	Far	milia	rize self with clinic layout and process.	
	Re	view	Mass Prophylaxis Planning Guide.	
	Re	port	to your assigned clinic area for observation before beginning duties as needed.	
			e assignment-specific briefing from your supervisor. Ensure knowledge of full mission t and plan of operations:	
			low the chain-of-command. THIS IS CRITICAL to ensuring consistent behavior and ormation across sections and shifts.	
			re instructions ONLY to personnel that report to you, and take instructions ONLY from ur supervisor.	
			ordinate with your peers (anyone who reports to your supervisor) to accomplish your signed tasks.	
			NOT make decisions that impact others outside your area, or that use information that not in writing or provided by your supervisor.	
			port to your supervisor when you encounter problems that you cannot resolve or estions that you cannot answer.	
	Со	nfirn	n activation of your direct reports, and assign or greet them as they arrive:	
		Bri	ef your staff regarding planned operations.	
		Est	ablish chain of command and performance expectations:	
			Your direct reports are to report ONLY to you.	
			They work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you (or a Safety Officer if regarding a safety issue).	
			Any questions, problems, or incidents should be reported to you, NOT to anyone else.	

	☐ It is important that they DO NOT MAKE DECISIONS on their own, other than provided for in their position checklist. This ensures critical consistency with respect to performance and information at the site.
	Review educational materials on prophylactic agents, become familiar with contraindications potential drug interactions, medication/vaccine side effects, and disease symptoms.
	Review screening forms.
	Assist in setting up dispensing site area.
	Identify <u>lead</u> medical screener (A physician/nurse practitioner with final recommendation authority).
On	-site Operations
	Maintain unit log (if utilized).
	Ensure that the screening set up and supplies are available for the interview area.
	Meet with interview staff and review mass prophylaxis process flow charts ensuring that staff have and are clear on treatment protocols.
	Monitor patient flow through clinical areas and problem solve with Operations Chief.
De	activation Phase
	When relieved, hand-in all documents, including position check list with feedback, to direct supervisor.
	Participate in scheduled debriefing at shift change or close of clinic.
	Return to workforce staging area.
	Return identification (vest, ID badge, etc.).

#### INTERVIEWERS/MEDICAL SCREENERS

**Direct Supervisor:** Interviewer/Medical Screeners Group Leader

**Qualifications:** A physician, nurse or paraprofessional such as an LPN, RMA (registered medical assistant), nurse assistants, pharmacy technicians, or nursing/medical/pharmacy dentistry students. At least one medical evaluator present should be an RN, NP, or PA.

**Duties:** Review patient history for those with contraindications and answer questions for informed consent if necessary.

**Volunteer Sources:** Local hospitals or community based physicians, retired physician associations, Medical Reserve Corp, local health departments, and health career schools.

#### **POSITION RESPONSIBILITES**

	Review your position checklist and check off tasks as they are completed.
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.
	Sign-out equipment and resource packet, if necessary.
	Receive prophylaxis/vaccination, if not already treated.
	Sign necessary forms, if applicable (confidentiality forms, etc.).
	Attend overall staff briefing.
	Familiarize self with clinic layout and process.
	Review Mass Prophylaxis Planning Guide.
	Report to your assigned clinic area for observation before beginning duties as needed.
On	-site Operations
	Provide assistance to triage staff by assisting in the assessment of clients who appear ill.
	Review screening form for those who have a potential contraindication or drug interaction.
	Review client medical history and ensure that the consent form is complete.
	Review medical conditions that could make the client ineligible to receive prophylactic agent.
	Confer with lead medical screener as needed.
	Provide answers for medical questions concerning prophylaxis.
	If there are no contraindications/interactions or disease symptoms, direct client to vaccination or dispensing waiting area.
	For non-English clients, contact an interpreter and obtain information needed to complete the screening form.
	If client refuses recommendation, document refusal.
	If client opts out or is deferred, provide counseling, document client's status, and notify flow maintenance staff to escort the client to forms collections station.

**Upon Activation** 

# Deactivation Phase □ When relieved, hand-in all documents, including position check list with feedback, to direct supervisor. □ Participate in scheduled debriefing at shift change or close of clinic. □ Return to workforce staging area. □ Return identification (vest, ID badge, etc.).

#### MEDICAL/PHYSICIAN EVALUATOR

**Direct Supervisor:** Medical Staff Coordinator

Qualifications: A physician or registered nurse.

Ilman Astivation

**Duties:** Evaluate/examine triaged ill persons and provide backup counseling if needed to persons identified with possible contraindications by medical screeners, and evaluate any immediate problems following dispensing/vaccination (e.g., fainting/anaphylaxis). Additionally, responsible to oversee medical decisions for the POD and respond to medical issues as needed.

**Volunteer Sources:** Local hospitals, retired nurse and physician associations, Medical Reserve Corp, and community based physicians.

υþ	pon Activation			
	Review your position checklist and check off tasks as they are completed.			
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.			
	Sign-out equipment and resource packet, if necessary.			
	Receive prophylaxis/vaccination, if not already treated.			
	Sign necessary forms, if applicable (confidentiality forms, etc.).			
	Attend overall staff briefing.			
	Familiarize self with POD layout and process.			
	Review Mass Prophylaxis Planning Guide.			
	Report to your assigned POD area for observation before beginning duties as needed.			
On	-site Operations			
	Set-up station as appropriate.			
	Perform medical evaluation to determine appropriate care and treatment for recipient.			
	Obtain contact information of recipient and maintain tracking documents as needed.			
	Determine if it is appropriate for a recipient to receive either standard treatment or an available (on site) alternative treatment.			
	Return the recipient to the queue at the point they were diverted.			
	If more comprehensive medical intervention is required, the refer recipient to a healthcare facility for definitive intervention.			
	Coordinate appropriate care of recipient with external facilities or request medical transportation as needed.			
	Maintain recipient flow.			
	Provide routine progress and/or status reports to medical staff coordinator.			
	Monitor colleagues and recipients for signs of fatigue or distress. Notify direct supervisor as appropriate.			

	Perform other duties as assigned and approved by direct supervisor.			
Dea	Deactivation Phase			
	When relieved, hand-in all documents, including position check list with feedback, to direct supervisor. $ \\$			
	Participate in scheduled debriefing at shift change or close of POD.			
	Return to workforce staging area.			
	Return identification (vest, ID badge, etc.).			
	Sign-in equipment.			
	Identify issues for the After Action Report.			

#### **CONTACT TRACKING TEAM**

**Direct Supervisor:** Medical Staff Coordinator

**Qualifications:** Persons familiar with the contact surveillance process, disease specific signs/symptoms, and contact evaluation issues.

**Duties:** Provide separate medical screening, education, and registering of identified contacts and their household contacts. Additionally, register contacts for surveillance of symptoms and give instructions on any travel restrictions and reporting requirements.

**Volunteer Sources:** Local health departments, health educators, public health professionals and teachers.

Up	Upon Activation		
	Review your position checklist and check off tasks as they are completed.		
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.		
	Sign-out equipment and resource packet, if necessary.		
	Receive prophylaxis/vaccination, if not already treated.		
	Sign necessary forms, if applicable (confidentiality forms, etc.).		
	Attend overall staff briefing.		
	Familiarize self with POD layout and process.		
	Review Mass Prophylaxis Planning Guide.		
	Report to your assigned POD area for observation before beginning duties as needed.		
On	On-site Operations		
	Set-up station as appropriate.		
	Establish rapport with all clinical personnel and screeners/greiage personnel to ensure they understand which personnel may need situational interviews for communicable disease investigations and tracking.		
	Obtain contact information of recipient and maintain tracking documents as needed.		
	Return the recipient to the queue at the point they were diverted.		
	If more comprehensive medical intervention is required, the refer recipient to a physician for further definitive intervention.		
	Provide routine progress and/or status reports to medical staff coordinator.		
	Monitor colleagues and recipients for signs of fatigue or distress. Notify direct supervisor as appropriate.		
	Perform other duties as assigned and approved by direct supervisor.		

# Deactivation Phase When relieved, hand-in all documents, including position check list with feedback, to direct supervisor. □ Participate in scheduled debriefing at shift change or close of POD. □ Return to workforce staging area. □ Return identification (vest, ID badge, etc.). □ Sign-in equipment. □ Identify issues for the After Action Report.

# **MEDICAL RESPONSE TEAM**

**Direct Supervisor:** Medical Staff Coordinator

Qualifications: EMT, nurses, and physicians.

**Duties:** Provide emergency medical support for staff and recipients.

Volunteer Sources: Local emergency medical/ambulance services, fire departments, local

hospitals, Medical Reserve Corp.

Upon Activation			
	Review your position checklist and check off tasks as they are completed.		
	Ch	eck in with Credentialing Coordinator, validate credentials, and put on ID badge.	
	Sig	n-out equipment and resource packet, if necessary.	
	Re	ceive prophylaxis/vaccination, if not already treated.	
	Sign necessary forms, if applicable (confidentiality forms, etc.).		
	Atte	end overall staff briefing.	
	Familiarize self with POD layout and process.		
	Review Mass Prophylaxis Planning Guide.		
	Re	port to your assigned POD area for observation before beginning duties as needed.	
On	-site	e Operations	
	☐ Set-up station as appropriate:		
		The medical emergency area should be located as close to the vaccine administration area as possible.	
		Emergency supplies to treat anaphylactic reactions must be available at the Vaccination/Medication Dispensing station. At this time, the treatments for anaphylaxis are to be provided by the community or communities within a regional coalition hosting the emergency dispensing site.	
		rform medical evaluation to determine appropriate care and treatment for recipient in ergent situations.	
		termine if it is appropriate for a patient to receive either standard treatment or an available site) alternative treatment.	
		nore comprehensive medical intervention is required, the refer patient to a healthcare ility for definitive intervention.	
		ordinate for appropriate care of recipient with external facilities or request medical asportation as needed.	
	Pro	ovide routine progress and/or status reports to medical staff coordinator.	
		nitor colleagues and recipient for signs of fatigue or distress. Notify direct supervisor as propriate.	

	Perform other duties as assigned and approved by direct supervisor.	
Deactivation Phase		
	When relieved, hand-in all documents, including position check list with feedback, to direct supervisor.	
	Participate in scheduled debriefing at shift change or close of POD.	
	Return to workforce staging area.	
	Return identification (vest, ID badge, etc.).	
	Sign-in equipment.	
	Identify issues for the After Action Report.	

# **VACCINATOR**

**Direct Supervisor:** Medical Staff Coordinator

**Qualifications:** A professional trained in preparation and reconstitution of vaccines as allowed by state law.

**Duties:** Prepare vaccine vials for vaccination and deliver vaccine.

**Volunteer Sources:** Local hospitals, retired nurse and physician associations, trained professionals, Medical Reserve Corp, and community based physicians.

Upon Activation		
	Review your position checklist and check off tasks as they are completed.	
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.	
	Sign-out equipment and resource packet, if necessary.	
	Receive prophylaxis/vaccination, if not already treated.	
	Sign necessary forms, if applicable (confidentiality forms, etc.).	
	Attend overall staff briefing.	
	Familiarize self with clinic layout and process.	
	Review Mass Prophylaxis Planning Guide.	
	Report to your assigned clinic area for observation before beginning duties as needed.	
On	-site Operations	
	Ensure station has appropriate pharmaceuticals, Personal Protective Equipment (PPE) and other equipment needed.	
	Ensure station is set-up properly including leaving appropriate space for client confidentiality.	
	Reconstitute vaccine into appropriate dosages according to instructions.	
	Maintain security and proper storage of vaccine.	
	Assess pharmaceutical supplies and request needed supplies from the medical staff coordinator.	
	Distribute pharmaceutical supplies to vaccinator stations.	
	Vaccinate recipient.	
	Provide routine progress and/or status reports to medical staff coordinator as needed.	
	Maintain adequate supply levels. Contact a runner for additional supplies.	
	Only train on-coming vaccinators if directed to do so by medical staff coordinator.	
	Alternate roles with Vaccinator Assistant as needed.	
	Monitor colleagues and recipient for signs of fatigue or distress. Notify direct supervisor as appropriate.	
	Perform other duties as assigned and approved by direct supervisor.	

Vaccinator Assistant				
	Assist in setting up station.			
	Assist the vaccinator by:			
	☐ Preparing needle and vaccine if needed.			
		Reviewing recipient's paperwork.		
		Documenting that vaccine was administered on client forms.		
		Assisting with bandaging if needed.		
		Collect completed forms if necessary.		
		Alternate roles with vaccinator as needed.		
De	acti	vation Phase		
	When relieved, hand-in all documents, including position check list with feedback, to direct supervisor.			
_	Participate in scheduled debriefing at shift change or close of clinic.			
_	Return to workforce staging area.			
_	Return identification (vest, ID badge, etc.).			
	Sign-in equipment.			
	Identify issues for the After Action Report.			

# **BEHAVIORAL HEALTH SPECIALIST**

**Direct Supervisor:** Medical Staff Coordinator

**Qualifications:** A professional trained in behavioral health.

**Duties:** Provide counseling support to staff and recipients as needed.

Volunteer Sources: Local hospitals, private behavioral health services, and social services.

Upon Activation		
	Review your position checklist and check off tasks as they are completed. Check in with Credentialing Coordinator, validate credentials, and put on ID badge.	
	Sign-out equipment and resource packet, if necessary.	
	Receive prophylaxis/vaccination, if not already treated.	
	Sign necessary forms, if applicable (confidentiality forms, etc.).	
	Attend overall staff briefing.	
	Familiarize self with POD layout and process.	
	Review Mass Prophylaxis Planning Guide.	
	Report to your assigned POD area for observation before beginning duties as needed.	
	Familiarize self with all forms needed.	
	Introduce self and explain professional role and responsibilities to other staff members in physical area.	
	Familiarize self with location of direct supervisor, POD supervisor, and security staff.	
On	-site Operations	
	Collaborate with POD staff to create a safe and comfortable environment for recipients to receive information, emergency care, and support.	
	Assess the behavioral health issues/needs of attendees and staff at POD sites.	
	Provide support to staff as needed.	
	Ensure availability of a private area to assist clients as needed.	
	Float around POD observing and monitoring clients for signs of fatigue or distress.	
	Provide mental health support, education and therapeutic intervention as needed. Refer to outside sources of support as necessary.	
	Ensure that all recipients transiting your area have had their needs met and are as comfortable as possible with situation.	
	Provide on-site counseling.	
	Identify and refer any recipient needing a mental health referral and/or follow-up.	
	Provide emergency behavioral health interventions as needed	

ш	appropriate locations for additional support/intervention.	
	Document cases of clients and track numbers of clients provided support.	
	Utilize floaters/runners as appropriate to assist client throughout the remainder of their POD process or to the exit station.	
	Ensure scheduled breaks and relief for all group staff.	
	Review and confirm staffing levels for next day or next shift with medical staffing coordinator.	
	Provide routine progress and/or status reports to medical staffing coordinator.	
Deactivation Phase		
	When relieved, hand-in all documents, including position check list with feedback, to direct supervisor.	
	Participate in scheduled debriefing at shift change or close of POD.	
	Return to workforce staging area.	
	Return identification (vest, ID badge, etc.).	
	Sign-in equipment.	
	Identify issues for the After Action Report.	

# PHARMACY STAFF COORDINATOR

**Direct Supervisor:** Operations Chief

**Qualifications:** Pharmacist

**Duties:** Oversee security and control of medications/vaccines and dispensing operations.

Volunteer Sources: Local hospitals, community and private pharmacies.

Up	on A	Activati	on		
	Review your position checklist and check off tasks as they are completed.				
	Ch	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.			
	Sign-out equipment and resource packet, if necessary.				
	Receive prophylaxis/vaccination, if not already treated.				
	Sign necessary forms, if applicable (confidentiality forms, etc.).				
	Attend overall staff briefing.				
	Familiarize self with POD layout and process.				
	Re	view Ma	ss Prophylaxis Planning Guide.		
	Report to your assigned POD area for observation before beginning duties as needed.				
	Determine and confirm numbers and types of pharmacy staff available by specialty. Assign or greet them as they arrive:				
		Pharm	acists (dispensing personnel).		
		Pharm	acy technicians.		
	Me	et with	your direct reports:		
		Brief a	Il pharmacy staff on set up and operations.		
		Establi	sh chain of command and performance expectations:		
			Your direct reports are to report ONLY to you.		
			They work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you (or a Safety Officer if regarding a safety issue).		
			Any questions, problems, or incidents should be reported to you, NOT to anyone else.		
			It is important that they DO NOT MAKE DECISIONS on their own, other than provided for in their Position Checklist. This ensures critical consistency with respect to performance and information at the site.		
	Me be	dication provide	y supplies to treat anaphylactic reactions must be available at the /Vaccination Dispensing station. At this time, the treatments for anaphylaxis are to d by the community or communities within a regional coalition hosting the		

On	-site Operations
	Ensure station has appropriate forms and equipment needed.
	Ensure station is set-up properly.
	Instruct appropriate group staff on the policies and methods for preparation of medications.
	Assess pharmaceutical supplies and request needed supplies through the Logistics Chief.
	Maintain security and proper storage of pharmaceuticals.
	Distribute pharmaceutical supplies to vaccinator/dispenser stations.
	Ensure that all workstations and equipment are operational.
	Ensure that all pharmaceutical and other supplies are available.
	Ensure that drug information sheets are available.
	Assign pharmacist(s) to provide counseling where needed.
	Ensure drug utilization reviews are conducted as necessary.
	Monitor patient flow through the process, and recommend movement of staff to the Incident Commander where necessary to reduce or eliminate bottlenecks in the process (e.g., recommend movement of staff to-and-from pharmacy, evaluation, and interview areas).
	Ensure all documents and reports are complete and accurate and submit to Operations Chief as needed.
	Ensure scheduled breaks and relief for all group staff.
	Ensure all group staff is adhering to proper PPE protocols.
	Review and confirm staffing levels for next day or next shift with medical staff coordinator.
	Provide routine progress and/or status reports to the medical staff coordinator.
	Monitor colleagues and recipients for signs of fatigue or distress. Notify direct supervisor as appropriate.
	Perform other duties as assigned and approved by direct supervisor.
De	activation Phase
	When relieved, hand-in all documents, including position check list with feedback, to direct supervisor.
	Participate in scheduled debriefing at shift change or close of POD.
	Return to workforce staging area.
	Return identification (vest, ID badge, etc.).
	Sign-in equipment.
	Identify issues for the After Action Report.

# DISPENSING PERSONNEL (PHYSICIAN, PHARMACIST, REGISTERED NURSES, & TECHNICIANS)

**Direct Supervisor:** Pharmacy Staff Coordinator

Qualifications: Physician, pharmacist, registered nurses, registered pharmacy technicians (if

pharmacist is on-site)

**Duties:** Dispense medications

Volunteer Sources: Local hospitals, Medical Reserve Corp, and community and private

pharmacies.

Up	on Activation
	Review your position checklist and check off tasks as they are completed.
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.
	Sign-out equipment and resource packet, if necessary.
	Receive prophylaxis/vaccination, if not already treated.
	Sign necessary forms, if applicable (confidentiality forms, etc.).
	Attend overall staff briefing.
	Familiarize self with POD layout and process.
	Review Mass Prophylaxis Planning Guide.
	Report to your assigned POD area for observation before beginning duties as needed.
	Review educational materials on medications, becoming familiar with appropriate administration techniques, contraindications, potential drug interactions, medication/vaccine side effects, and disease symptoms.
	Assist in setting up dispensing site area.
	Meet with medical screeners.
	Familiarize self with POD layout and process.
	Review emergency orders and become familiar with placement of emergency response supplies.
	The medication/vaccination prophylaxis standing orders must be approved and signed by a medical professional authorized to prescribe. In certain situations, the MDHSS chief medical officer may issue a statewide order.
On	-site Operations
	Set up pharmacy properly with appropriate forms and equipment needed.
	Check and set up all pharmaceutical supplies for dispensing.
	Set up pill counting machines (if necessary) and start stocking prescriptions based on protocols.
	Create labels for unit of dose bottles as instructed by CDC.

	Place labels on unit of dose bottles.
	Ensure that all prescriptions are filled via prescription form, retaining all forms.
	Ensure availability of drug interactions forms and distribute with each prescription.
	<b>(Optional)</b> Apply an ink stamp to the right hand of each person that receives medication, and do not issue medication to someone who already has a hand stamp. Other methods for identifying personnel who have received the medication may be utilized.
	Identify recipients of medication.
	Review screening form to assure it is completed.
	Be prepared to treat emergency situations.
	Confer with medical screeners as needed.
	Provide appropriate environment to give necessary medication, assuring as much privacy as possible.
	Provide recipients with needed prophylaxis.
	Ensure that each patient is dispensed the correct drug and strength.
	Assure follow-up instructions are provided.
	Complete and sign paperwork necessary.
	Direct recipients to forms collection area.
	Maintain security and proper storage of pharmaceuticals.
	Assess pharmaceutical supplies and request needed supplies to the pharmacy staff coordinator.
	Distribute pharmaceutical supplies to dispenser stations.
	Provide routine progress and/or status reports to the pharmacy staff coordinator.
	Monitor colleagues and recipients for signs of fatigue or distress. Notify direct supervisor as appropriate.
	Perform other duties as assigned and approved by direct supervisor.
Dea	activation Phase
	When relieved, hand-in all documents, including position check list with feedback, to direct supervisor.
	Participate in scheduled debriefing at shift change or close of POD.
	Return to workforce staging area.
	Return identification (vest, ID badge, etc.).
	Sign-in equipment.
	Break down and repack all equipment/supplies.
	Identify issues for the After Action Report.

# **Section 4**

# **Planning**

The POD is one of multiple facilities in the region pre-designated for mass dispensing. POD facilities were selected based on a recommended set of criteria. Each facility is estimated to provide care to a pre-determined number of people based on the goal of vaccinating or prophylaxing the entire regional population in about 48 hours. To successfully serve the entire region, all PODs will need to work together to manage contingencies caused by shifts in population, availability of staff and variations in resource allocation. Planning is based on a set of commonly accepted estimates, census information and experience from previous exercises. This information and a list of high population density locations in the area are maintained by the LPHA planners.

This page intentionally left blank

# **PLANNING CHIEF**

Direct Supervisor: POD Manager

**Upon Activation** 

**Qualifications:** A public health or medical professional familiar with the dispensing/vaccination plan.

**Duties:** Provides situation status to POD Manager, develops incident action plan for POD establishment, coordinates all volunteer scheduling and recruitment, distributes job descriptions/checklists to command staff and section chiefs, and provides assistance to the command staff and section chiefs as needed.

Volunteer Sources: Local emergency coordinator.

- 1-	•		
	Re	view	your position checklist and check off tasks as they are completed.
	Ch	eck	in with Credentialing Coordinator, validate credentials, and put on ID badge.
	Sig	jn-οι	ut equipment and resource packet, if necessary.
	Re	ceiv	e prophylaxis/vaccination, if not already treated.
	Sig	jn ne	ecessary forms, if applicable (confidentiality forms, etc.).
	Att	end	overall staff briefing.
	Fai	milia	rize self with POD layout and process.
		ceiv erati	e briefing from POD Manager. Ensure knowledge of full mission request and plan of ons.
	Re	view	Mass Prophylaxis Planning Guide.
	Со	ndu	ct briefing for those reporting to you.
	Re	port	to your assigned POD area for observation before beginning duties as needed.
	Me	et w	ith your direct reports.
		Est	ablish chain of command and performance expectations:
			Your direct reports are to report ONLY to you.
			They work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you (or a Safety Officer if regarding a safety issue).
			Any questions, problems, or incidents should be reported to you, NOT to anyone else.
			It is important that they DO NOT MAKE DECISIONS on their own, other than provided for in their position checklist. This ensures critical consistency with respect to performance and information at the site.
			sure that they are personally prepared, self-sufficient and adequately equipped to form their assignments.

On-	-site	e Operations	
	At i	initial briefing, identify resources required for section operations.	
	Ob	tain the list of authorized POD staff and volunteers from regional planning body.	
	Со	nfirm with POD Manager at least one hour prior to POD start time that staffing is adequate.	
	Со	mmunicate workforce needs to POD Manager.	
		rform hourly count of recipients and number of vaccinations/dispensed medications. Alert erations Chief of the hourly status.	
	Ob	tain necessary resources and support through the EOC.	
	Pro	ovide routine progress and/or status reports to POD Manager.	
	En	sure all documents and reports are complete for section and submitted appropriately:	
		Workforce sign-in/out sheets.	
		Workforce prophylaxis/vaccination records.	
		Equipment sign-in/out sheets.	
		All completed job check lists, unit logs and general messages to POD Manager.	
	En	sure scheduled breaks and relief for the section is being appropriately handled.	
	Re	view and confirm staffing levels for next day or next shift with supervisors.	
		nitor colleagues and clients for signs of fatigue or distress. Notify direct supervisor as propriate.	
	Pe	rform other duties as assigned and approved by the person your report to.	
Dea	activ	vation Phase	
		nfirm with POD Manager the process for developing recovery/demobilization plan. Plan ould include:	
		Instructions on how and when to pack up stations.	
		Maps.	
		Timelines.	
	De	termine who will take possession of all records.	
	Ass	sign specific tear down duties at each station and pack all equipment and supplies.	
	Tra	ack and inventory materials used.	
	Arr	ange return of equipment & supplies.	
	Со	ordinate with facilities unit to restore facility to pre-POD conditions.	
	Secure facility and return keys to proper authority.		
	When relieved, hand-in all documents, including position check list with feedback, to direct supervisor.		
	Pai	rticipate in scheduled debriefing at shift change or close of POD.	
	Re	turn to workforce staging area.	
	Return identification (vest, ID badge, etc.).		
	Sig	n-in equipment.	

Identify issues for the After Action Report.
Conduct exit interviews with your direct reports.
Participate in the After Action process.

This page intentionally left blank

# STAFF RESOURCES COORDINATOR

**Direct Supervisor:** Planning Chief

**Qualifications:** Person should have good organization skills, interpersonal skills, and leadership experience.

**Duties:** Coordinate staff/volunteer check-in, staff schedules, and provide equipment/resources needed to support staff assignments.

**Volunteer Sources:** Civic and faith-based organizations, local health department, city employees, teachers, local businessmen and women.

Up	Upon Activation			
	Review your position checklist and check off tasks as they are completed.			
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.			
	Sign-out equipment and resource packet, if necessary.			
	Receive prophylaxis/vaccination, if not already treated.			
	Sign necessary forms, if applicable (confidentiality forms, etc.).			
	Attend overall staff briefing.			
	Familiarize self with clinic layout and process.			
	Review Mass Prophylaxis Planning Guide.			
	Report to your assigned clinic area for observation before beginning duties as needed.			
On	-site Operations			
	Ensure Staging Area has appropriate materials and equipment needed.			
	Ensure Staging Area is set-up properly.			
	Obtain from Planning Chief list of authorized clinic staff and volunteers.			
	Oversee workforce sign-in process and ensure accuracy and completeness of forms.			
	Work with communications representative for proper distribution of internal communication devices (e.g., two-way radio assignments).			
	Coordinate credential and identification process of workforce, if necessary.			
	Oversee workforce vaccination/dispensing and ensure adherence to infection control procedures.			
	Oversee incident specific training.			
	Maintain adequate supply levels. Contact a runner for additional supplies.			
	Answer workforce member questions within scope of training and qualifications.			
	If a family member of a clinic worker comes to the clinic asking to speak with their relative, contact a floater/runner to find/radio the general staff coordinator. Be sure to keep that family member at the door. Contact security if necessary.			

	Assign a Staging Area group staff member to be the point of contact for families to reach clinic staff and volunteers on duty.	
	Ensure scheduled breaks and relief for all staging area staff.	
	Review and confirm staffing levels for next day or next shift with Planning Chief.	
	Provide list of workforce per shift to the general staff coordinator.	
	Maintain Unit Log to document all actions and decisions of group.	
	Provide routine progress and/or status reports to Planning Chief.	
	Monitor colleagues for signs of fatigue and distress. Notify direct supervisor as appropriate.	
	Perform other duties as assigned and approved by direct supervisor.	
Deactivation Phase		
	When relieved, hand-in all documents, including position check list with feedback, to direct supervisor.	
	Participate in scheduled debriefing at shift change or close of clinic.	
	Return to workforce staging area.	
	Return identification (vest, ID badge, etc.).	
	Sign-in equipment.	
	Identify issues for the After Action Report.	

# **WORKFORCE STAGING AREA STAFF**

**Direct Supervisor:** Planning Chief

Qualifications: Persons with good organizational skills, interpersonal skills, and leadership

experience.

**Duties:** Manage staff and volunteer check-in and check-out, staff schedules, and shift changes with POD Manager and Planning Chief.

**Volunteer Sources:** Local health department employees, city/county employees, nurses, human resources staff, Medical Reserve Corp, and volunteer health care administrator.

Up	Upon Activation		
	Review your position checklist and check off tasks as they are completed.		
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.		
	Sign-out equipment and resource packet, if necessary.		
	Receive prophylaxis/vaccination, if not already treated.		
	Sign necessary forms, if applicable (confidentiality forms, etc.).		
	Attend overall staff briefing.		
	Familiarize self with POD layout and process.		
	Review Mass Prophylaxis Planning Guide.		
	Report to your assigned POD area for observation before beginning duties as needed.		
	Familiarize self with all forms needed.		
On	n-site Operations		
	Set-up staging area with appropriate materials and equipment.		
	Conduct sign-in process of staff and volunteers as they arrive at staging area:		
	☐ Sign-in documenting time.		
	☐ Verify credentials and identification, if necessary.		
	☐ Ensure identification is appropriately worn.		
	☐ Sign-out equipment, if necessary.		
	☐ Distribute resource packets.		
	Refer workforce member questions to appropriate persons.		
	If a family member of a POD worker comes to the POD asking to speak with their relative, contact a floater/runner to find/radio the supervisor. Be sure to keep that family member at the door. Contact security if necessary.		

	During shift change or at close of POD, conduct sign-out process of staff and volunteers:		
	☐ Collect identification.		
	☐ Sign-in equipment, if necessary.		
	☐ Hand out exit materials.		
	Report any security breaches or non-workforce individuals in the staging area to your supervisor.		
	Provide routine progress and/or status reports to supervisor.		
	Monitor colleagues and clients for signs of fatigue or distress. Notify direct supervisor as appropriate.		
	Perform other duties as assigned and approved by direct supervisor.		
De	activation Phase		
	When relieved, hand-in all documents, including position check list with feedback, to direct supervisor.		
	Participate in scheduled debriefing at shift change or close of POD.		
	Return to workforce staging area.		
	Return identification (vest, ID badge, etc.).		
	Sign-in equipment.		
	Identify issues for the After Action Report.		

# **RECOVERY/DEMOBILIZATION STAFF**

**Direct Supervisor:** Planning Chief

**Qualifications:** Persons should have good organizational skills, interpersonal skills, and leadership experience.

**Duties:** In coordination with the logistics section, plan and execute closing of POD by assembling and packing all supplies and equipment into a ready-for-use status.

**Volunteer Sources:** Civic and faith-based organization members, city employees, and local health department.

Up	Upon Activation		
	Review your position checklist and check off tasks as they are completed.		
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.		
	Sign-out equipment and resource packet, if necessary.		
	Receive prophylaxis/vaccination, if not already treated.		
	Sign necessary forms, if applicable (confidentiality forms, etc.).		
	Attend overall staff briefing.		
	Familiarize self with POD layout and process.		
	Review Mass Prophylaxis Planning Guide.		
	Report to your assigned POD area for observation before beginning duties as needed.		
On	-site Operations		
	Meet with Planning Chief to develop recovery/demobilization plan (ICS Form 221).		
	Recovery/demobilization plan should include:		
	☐ Instructions on how and when to pack up stations.		
	☐ Maps.		
	☐ Timelines.		
	Determine who will take possession of all records.		
	Tear down and pack all equipment and supplies.		
	Arrange return of equipment & supplies.		
	Restore facility to pre-POD conditions.		
	Secure facility and return keys to proper authority.		
	Monitor colleagues and clients for signs of fatigue or distress. Notify direct supervisor as appropriate.		
	Perform other duties as assigned and approved by direct supervisor.		

# Deactivation Phase When relieved, hand-in all documents, including position check list with feedback, to direct supervisor. □ Participate in scheduled debriefing at shift change or close of POD. □ Return to workforce staging area. □ Return identification (vest, ID badge, etc.). □ Sign-in equipment. □ Identify issues for the After Action Report.

# **INCIDENT ACTION PLAN TEAM**

**Direct Supervisor:** Planning Chief

Qualifications: A public health or medical professional familiar with the mass prophylaxis plan.

**Duties:** Develop and manage a plan of action for a POD utilizing the mass prophylaxis plan.

Volunteer Sources: Local emergency coordinator, local public health department, and city

employees.

Up	on A	Activation
	Re	view your position checklist and check off tasks as they are completed.
	Ch	eck in with Credentialing Coordinator, validate credentials, and put on ID badge.
	Sig	n-out equipment and resource packet, if necessary.
	Re	ceive prophylaxis/vaccination, if not already treated.
	Sig	n necessary forms, if applicable (confidentiality forms, etc.).
	Atte	end overall staff briefing.
	Re	ceive assignment-specific briefing from your supervisor.
	Far	miliarize self with POD layout and process.
On	-site	e Operations
		mplete a POD Incident Action Plan (IAP) with the command staff and ICS section leaders t will include:
		POD incident briefing form.
		Assignment list.
		POD objectives.
		Command staff goals and objectives.
		Map(s) of facility and POD operation.
		POD communication plan from communications supervisor.
		Transportation plan.
		Security plan.
		Incident safety analysis from the Safety Officer.
	res	velop a plan to provide prophylaxis/vaccination to emergency dispensing site staff, other ponders and health care workers in the community, and their families, prior to opening the e to the public.
		Use the process of providing prophylaxis/vaccination to volunteer staff and their families as a training and practice session to identify the need for more training and for adjustments to the dispensing site setup and flow.

u	prescribe. In certain situations, the MDPH chief medical officer may issue a statewide order.		
	Coordinate credential and identification process of workforce, if necessary.		
	Monitor colleagues for signs of fatigue and distress. Notify direct supervisor as appropriate.		
	Perform other duties as assigned and approved by direct supervisor.		
Dea	Deactivation Phase		
	When relieved, hand-in all documents, including position check list with feedback, to direct supervisor.		
	Participate in scheduled debriefing at shift change or close of POD.		
	Return to workforce staging area.		
	Return identification (vest, ID badge, etc.).		
	Sign-in equipment.		
	Identify issues for the After Action Report.		

# **CREDENTIALING COORDINATOR**

**Direct Supervisor:** Planning Chief

Qualifications: Background and experience in developing and managing credentialing

programs.

Duties: Manage credentialing registration and verification for professional members staffing the

POD.

Volunteer Sources: Local health departments and local hospitals.

Up	Upon Activation		
	Review your position checklist and check off tasks as they are completed.		
	Put on ID badge.		
	Sign-out equipment and resource packet, if necessary.		
	Receive prophylaxis/vaccination, if not already treated.		
	Sign necessary forms, if applicable (confidentiality forms, etc.).		
	Attend overall staff briefing.		
	Familiarize self with POD layout and process.		
	Review Mass Prophylaxis Planning Guide.		
	Report to your assigned POD area for observation before beginning duties as needed.		
On	-site Operations		
	Ensure staging area has appropriate materials and equipment needed.		
	Utilize on-site system for verification of credentials.		
	Verify that copies of all licenses for physicians, registered nurses, pharmacists, and other professional members are kept at the local public health agency.		
	Verify that copies of volunteer applications and all volunteer training documentation are kept at the local public health agency.		
	Provide routine progress and/or status reports to Planning Chief.		
	Monitor colleagues for signs of fatigue and distress. Notify direct supervisor as appropriate.		
	Perform other duties as assigned and approved by direct supervisor.		
De	activation Phase		
	When relieved, hand-in all documents, including position check list with feedback, to direct supervisor.		
	Participate in scheduled debriefing at shift change or close of POD.		
	Return to workforce staging area.		

Return identification (vest, ID badge, etc.).
Sign-in equipment.
Identify issues for the After Action Report.

# **COMMUNITY VOLUNTEER COORDINATOR**

**Direct Supervisor:** Planning Chief

**Qualifications:** Background and experience in developing and managing volunteer programs.

**Duties:** Manage volunteer registration and assignments.

Volunteer Sources: Local health departments, local hospitals, civic and faith-based

organizations, and volunteer agencies.

Upon Activation		
	Review your position checklist and check off tasks as they are completed.	
	Put on ID badge.	
	Sign-out equipment and resource packet, if necessary.	
	Receive prophylaxis/vaccination, if not already treated.	
	Sign necessary forms, if applicable (confidentiality forms, etc.).	
	Attend overall staff briefing.	
	Familiarize self with POD layout and process.	
	Review Mass Prophylaxis Planning Guide.	
	Report to your assigned POD area for observation before beginning duties as needed.	
On	-site Operations	
	Ensure work area has appropriate materials and equipment needed.	
	Coordinate volunteer work schedule with planning section leader and administration.	
	Verify that copies of volunteer applications and all volunteer training is documented:	
	☐ For those volunteers that are physicians, registered nurses, and pharmacists, copies must be made of all licenses and verified with credentialing coordinator.	
	Provide routine progress and/or status reports to Planning Chief.	
	Monitor colleagues for signs of fatigue and distress. Notify direct supervisor as appropriate.	
	Perform other duties as assigned and approved by direct supervisor.	
De	activation Phase	
	When relieved, hand-in all documents, including position check list with feedback, to direct supervisor.	
	Participate in scheduled debriefing at shift change or close of POD.	
	Return to workforce staging area.	
	Return identification (vest, ID badge, etc.).	

	Sign-in equipment.
	Identify issues for the After Action Report.
_	identify issues for the Aiter Action Report.

# **Section 5**

# **Logistics**

This Logistics Section provides all the support needs for the POD and is tasked with procurement of materiel. The Logistics Chief will work closely with the Operations Chief, Planning Chief, and the POD Manager. Specific refrigeration and security needs for pharmaceuticals must meet federal and state requirements.

### **POD Establishment**

The POD Manager will contact the Planning Chief, Operations Chief, and Logistics Chief to coordinate the opening of the POD. The Planning Chief will contact the appropriate personnel to begin setting up the POD. Non-medical supplies not available on-site will be requested from approved vendors. The POD Manager will work with all section chiefs, MDHSS DSR, and the local EOC to determine sources and availability of medical supplies. Ideally the POD would be set-up within 12 hours of the initial approval to open, and could be open to the public within 24 hours.

This page intentionally left blank

# **LOGISTICS CHIEF**

Direct Supervisor: POD Manager

**Qualifications:** Good organizational skills, interpersonal skills, and leadership experience.

**Duties:** Responsible for overall logistics direction, control and supervision of personnel.

Volunteer Sources: Civic and faith-based organization members, school and city employees.

Up	on A	Activ	vation value of the second
	Re	view	your position checklist and check off tasks as they are completed.
	Ch	eck	in with Credentialing Coordinator, validate credentials, and put on ID badge.
	Sig	ın-oı	at equipment and resource packet, if necessary.
	Re	ceiv	e prophylaxis/vaccination, if not already treated.
	Sig	ın ne	ecessary forms, if applicable (confidentiality forms, etc.).
	Att	end	overall staff briefing.
	Fai	milia	rize self with POD layout and process.
	Re	view	Mass Prophylaxis Planning Guide.
	Receive briefing from POD Manager. Ensure knowledge of full mission request and plan of operations.		
	Со	nfirn	activation of your direct reports, and assign or greet them as they arrive.
	Meet with your direct reports.		
		Est	ablish chain of command and performance expectations:
			Your direct reports are to report ONLY to you.
			They work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you (or a Safety Officer if regarding a safety issue).
			Any questions, problems, or incidents should be reported to you, NOT to anyone else.
			It is important that they DO NOT MAKE DECISIONS on their own, other than provided for in their position checklist. This ensures critical consistency with respect to performance and information at the site.
			sure that they are personally prepared, self-sufficient and adequately equipped to form their assignments.
	Pre	epar	e a briefing statement, to be given to staff members at scheduled briefing(s):
			Facility overview; including locations of stations, restrooms, break rooms, emergency exits, etc.
			Communications protocol.
		П	Role of logistics in this operation: services you provide problems you solve etc

ш	En	sure snipment of equipment/supplies and arrange for transport to treatment site.		
		Ensure that ground transportation is ordered and available for all staff when team reaches destination.		
	Est	tablish communications protocols.		
On	-site	e Operations		
		initial briefing, identify units within the section to be activated and resources required for ction operations.		
		nfirm with POD Manager at least 1.5 hours prior to start time that the facilities coordinator s set-up all equipment and supplies on site and facility is ready to open.		
		nduct a general inspection of the facility prior to it becoming operational with the Safety icer and the facility representative.		
	Со	nfirm that security is on-site.		
		t up all communications equipment (phones, computers, and radios) and establish mmunications protocols.		
	Со	nfirm that transportation and traffic control plans are activated.		
		tain information and updates from those reporting to you for resources needed and cources requested.		
	Ob	tain necessary resources through the DSR/EOC.		
	Со	mmunicate all requests for incoming and outgoing resources with POD Manager.		
	An	ticipate staff needs and request additional staff as needed.		
	Arr	ange for transportation of staff members to and from the treatment site (if applicable).		
	Pro	ovide logistical support as needed by each station.		
	When requests come from the Operations Chief for additional pharmaceuticals, determine through the supply/equipment coordinator if enough supplies are on-site or if supplies need be ordered through the appropriate vendors/institutions.			
	Coordinate medical waste management according to pre-arranged agreements through the DSR/EOC.			
	Ensure appropriate numbers of workforce meals are being planned with work force coordinator.			
	Pro	ovide routine progress and/or status reports to POD Manager.		
	En	sure all documents and reports are complete for section and submitted appropriately:		
		All supply and inventory documents.		
		All sign off documents when supplies were delivered.		
		Modified POD floor plan if available.		
		Workforce medical staff activity documentation.		
		POD communication plan.		
		Documentation from waste removal services.		
		All completed job action sheets, unit logs and general messages to POD Manager.		
	An	ticipate possible resource needs and support requirements for the POD.		

	Coordinate with the DSR/EOC when receiving notification of significant illnesses and injuries from the medical staff.	
	Participate in the recovery/demobilization planning process.	
	Ensure scheduled breaks and relief for the section is being appropriately handled.	
	Review and confirm staffing levels for next day or next shift with supervisors and leaders.	
	Monitor colleagues and clients for signs of fatigue or distress. Notify direct supervisor as appropriate.	
	Perform other duties as assigned and approved by direct supervisor.	
Deactivation Phase		
	Coordinate with Planning Chief plans for recovery/demobilization.	
	Assist with restoring facility to pre-POD conditions.	
	When relieved, hand-in all documents, including position check list with feedback, to direct supervisor.	
	Participate in scheduled debriefing at shift change or close of POD.	
	Return to workforce staging area.	
	Return identification (vest, ID badge, etc.).	
	Sign-in equipment.	
	Identify issues for the After Action Report	

This page intentionally left blank

# SUPPLIES/EQUIPMENT COORDINATOR

**Direct Supervisor:** Logistics Chief

**Qualifications:** Professionals familiar with handling pharmaceuticals/vaccines, medical supplies, and general supplies/equipment.

**Duties:** Responsible for overall logistics of POD supplies and equipment, tracking pharmaceutical/vaccine supply receipt, storage, and distribution, and inventory of medical supplies.

**Volunteer Sources:** Nurse (e.g., school nurse), local health department employees, local pharmacists and pharmacy technicians, custodians, and maintenance staff.

Up	Upon Activation			
	Re	view your position checklist and check off tasks as they are completed.		
	Che	eck in with Credentialing Coordinator, validate credentials, and put on ID badge.		
	Sig	n-out equipment and resource packet, if necessary.		
	Red	ceive prophylaxis/vaccination, if not already treated.		
	Sig	n necessary forms, if applicable (confidentiality forms, etc.).		
	Atte	end overall staff briefing.		
	Far	miliarize self with POD layout and process.		
	Re	view Mass Prophylaxis Planning Guide.		
	Re	port to your assigned POD area for observation before beginning duties as needed.		
On	-site	e Operations		
	Ob	tain POD inventory documentation from facilities coordinator.		
	Co	ordinate and assist for arrival of interim stockpile caches.		
	Co	ordinate and assist for arrival of SNS supplies:		
		Prepare loading docks and hand trucks if necessary.		
		Establish refrigeration needs.		
		Procure security needs for controlled substances.		
		Establish documentation and sign-off procedures for supplies when delivered.		
		Manage distribution and accountability of pharmaceuticals/vaccines to appropriate POD stations in facility.		
		sure that current and future resource and supply requirements have been closely imated:		
		Re-supply dispensing/vaccination stations.		
	Ма	intain an inventory and accountability record of supplies and equipment:		
		Maintains inventory of medical supplies.		

Ц	Process all orders for resources and supplies working with the finance and administration section.	
	Provide routine progress and/or status reports to Logistics Chief.	
	Ensure scheduled breaks and relief for unit staff.	
	Monitor colleagues and clients for signs of fatigue or distress. Notify direct supervisor as appropriate.	
	Perform other duties as assigned and approved by direct supervisor.	
Deactivation Phase		
	When relieved, hand-in all documents, including position check list with feedback, to direct supervisor.	
	Participate in scheduled debriefing at shift change or close of POD.	
	Return to workforce staging area.	
	Return identification (vest, ID badge, etc.).	
	Sign-in equipment.	
	Identify issues for the After Action Report.	

# TRANSPORTATION COORDINATOR

**Direct Supervisor:** Logistics Chief

Qualifications: Persons should be familiar with local roadways, have a current valid driver's

license, and be able to safely operate a vehicle.

**Duties:** Arrange for necessary transportation for staff and citizens.

**Volunteer Sources:** Local trucking companies, limousine services, school bus drivers, taxi services, and public transportation workers.

Up	on Activation
	Review your position checklist and check off tasks as they are completed.
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.
	Sign-out equipment and resource packet, if necessary.
	Receive prophylaxis/vaccination, if not already treated.
	Sign necessary forms, if applicable (confidentiality forms, etc.).
	Attend overall staff briefing.
	Familiarize self with POD layout and process.
	Review Mass Prophylaxis Planning Guide.
	Report to your assigned POD area for observation before beginning duties as needed.
On	-site Operations
	Assess all transportation requirements.
	Coordinate the transport of community citizens and staff to and from the POD as needed.
	Coordinate the transport of resources into the POD.
	Communicate with local transportation services to coordinate the transport.
	Assemble and record information on the use of rental, contract and agency transportation equipment.
	Ensure that all agreements, contracts and inspections are completed and copies filed with the procurement unit.
	Document needed information and track resources as necessary.
	Provide routine progress and/or status reports to Logistics Chief.
	Monitor colleagues and recipients for signs of fatigue or distress. Notify your supervisor as appropriate.
	Perform other duties as assigned and approved by your supervisor

# Deactivation Phase When relieved, hand-in all documents, including position check list with feedback, to direct supervisor. □ Participate in scheduled debriefing at shift change or close of POD. □ Return to workforce staging area. □ Return identification (vest, ID badge, etc.). □ Sign-in equipment. □ Identify issues for the After Action Report.

# **FACILITIES COORDINATOR**

**Direct Supervisor:** Logistics Chief

**Qualifications:** Persons should be able to lift, carry, and transport supplies and refuse to and from the site.

**Duties:** Oversee POD set-up and demobilization, general maintenance, manage utilities, remove refuse and coordinate removal of medical waste, maintain restrooms, and provide general equipment (e.g., chairs, tables, lights) as needed.

**Volunteer Sources:** Site employees, cleaning companies, custodians, maintenance staff, and building department employees.

Up	Upon Activation		
	Review your position checklist and check off tasks as they are completed.		
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.		
	Sign-out equipment and resource packet, if necessary.		
	Receive prophylaxis/vaccination, if not already treated.		
	Sign necessary forms, if applicable (confidentiality forms, etc.).		
	Attend overall staff briefing.		
	Familiarize self with POD layout and process.		
	Review Mass Prophylaxis Planning Guide.		
	Report to your assigned POD area for observation before beginning duties as needed.		
On	-site Operations		
	Contact appropriate facility representative to open the facility.		
	Call pre-designated facilities staff to report for POD set-up.		
	Contact the POD Manager (or Logistics Chief if already assigned) to brief on facilities staff availability and POD set-up timeline.		
	Ensure that security will be on site when setting up the POD.		
	Ensure that transportation issues (such as snow plowing) and traffic control plans are activated.		
	When traffic control personnel arrive on site, be sure to coordinate plans with them.		
	Gather appropriate supplies and document the inventory.		
	Set-up POD according to POD floor plan.		
	Set up, test, maintain and arrange for repair of technological equipment (e.g., fax, copy machines, phones, etc.). Work with communications supervisor as needed.		
	Attend initial briefing/planning meeting with command staff and section chiefs to review POD set-up.		

	Turn over remaining inventory and documentation to supply/equipment personnel when that position is assigned.
	Determine appropriate number of staff needed for on-going maintenance of POD.
	Reassess POD set-up if disruptions in client flow patterns are reported by the Operations Chief.
	Develop a schedule for removal of garbage from workforce food area and throughout POD.
	Coordinate medical waste management (in accordance with state statutes) according to pre- arranged agreements through the Logistics Chief.
	Assist with spills and clean up while monitoring proper Occupational Safety and Health Administration (OSHA) standards.
	Develop a schedule for monitoring restroom supplies and clean up.
	Continuously work with facility representative for facility maintenance needs.
	Ensure scheduled breaks and relief for unit staff.
	Review and confirm staffing levels for next day or next shift with Logistics Chief.
	Provide routine progress and/or status reports to Logistics Chief.
	Monitor colleagues and clients for signs of fatigue or distress. Notify direct supervisor as appropriate.
	Perform other duties as assigned and approved by direct supervisor.
De	activation Phase
	Coordinate with Planning Chief plans for recovery/demobilization.
	Assist with restoring facility to pre-POD conditions.
	When relieved, hand-in all documents, including position check list with feedback, to direct supervisor.
	Participate in scheduled debriefing at shift change or close of POD.
	Return to workforce staging area.
	Return identification (vest, ID badge, etc.).
	Sign-in equipment.
	Identify issues for the After Action Report.

# **DATA MANAGEMENT & IT COORDINATOR**

**Direct Supervisor:** Logistics Chief

Qualifications: Persons with computer and data entry skills.

**Duties:** Support computer, programming, electronic equipment maintenance needs, other information technology requirements, and perform medical data entry.

**Volunteer Sources:** Chamber of Commerce, Rotary, Kiwanis, temporary services, medical transcriptions personnel from local hospitals, and community medical offices.

Upon Activation				
	Review your position checklist and check off tasks as they are completed.			
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.			
	Sign-out equipment and resource packet, if necessary.			
	Receive prophylaxis/vaccination, if not already treated.			
	Sign necessary forms, if applicable (confidentiality forms, etc.).			
	Attend overall staff briefing.			
	Familiarize self with POD layout and process.			
	Review Mass Prophylaxis Planning Guide.			
	Report to your assigned POD area for observation before beginning duties as needed.			
On-site Operations				
	Set-up technological equipment such as computers, etc.			
	Assist with technology problems when requested.			
	Ensure back up and protection of existing and on-going data on computer systems.			
	Assist with back up and protection services of existing and on-going data on computer systems.			
	Report disruptions to communications staff.			
	Collect retained records and enter registration/vaccination information (e.g., name, SSN, and passport number/country) into databases (estimated 1 minute/record entry if database already set up) to maintain real time record number of vaccinations and database for later use for adverse events or non-takes requiring revaccination.			
	Provide routine progress and/or status reports to communications staff.			
	Provide routine progress and/or status reports to Logistics Chief.			
	Monitor colleagues and clients for signs of fatigue or distress. Notify direct supervisor as appropriate.			
	Perform other duties as assigned and approved by direct supervisor.			

# Deactivation Phase □ When relieved, hand-in all documents, including position check list with feedback, to direct supervisor. □ Participate in scheduled debriefing at shift change or close of POD. □ Return to workforce staging area. □ Return identification (vest, ID badge, etc.).

# **COMMUNICATIONS SUPPORT COORDINATOR**

**Direct Supervisor:** Logistics Chief

**Qualifications:** Persons familiar with communications systems.

**Duties:** Responsible for overall communication systems (both internal and external) at the POD.

Volunteer Sources: City/county employees, teachers, local businesses, and faith based

organizations.

Up	on A	Activation		
	Re	view your position checklist and check off tasks as they are completed.		
	Che	eck in with Credentialing Coordinator, validate credentials, and put on ID badge.		
	Sig	n-out equipment and resource packet, if necessary.		
	Receive prophylaxis/vaccination, if not already treated.			
	Sign necessary forms, if applicable (confidentiality forms, etc.).			
	Attend overall staff briefing.			
	Familiarize self with POD layout and process.			
	Review Mass Prophylaxis Planning Guide.			
	Report to your assigned POD area for observation before beginning duties as needed.			
On	-site	e Operations		
	Establish contact with Liaison Officer for external communication coordination (e.g., radios).			
	Work with workforce staging area for internal communication (e.g., two-way radio) assignments.			
	Develop a POD communication plan to include:			
		Assessment of technological equipment (e.g., fax, phones) and communication device (e.g., radios) needs.		
		Assessment of internal and external telephone system.		
		Inventory the technological equipment and communication devices to provide for accountability and for recovery/demobilization purposes.		
		Contingency plans for power and telephone outages such as using amateur radio operators.		
		Proper storage of all communication equipment.		
	Request needed items through the Logistics Chief.			
	Establish a POD message board for the command staff and section chiefs.			
	Monitor POD message board for the command staff and section chiefs.			
	Set up, test, maintain and arrange for repair of technological equipment and communication devices. Work with facilities leader as needed.			

	Maintain technological equipment (e.g., fax, phones) and communication device (e.g., radios inventory to provide for accountability and for demobilization.			
	Ensure proper use and storage of all communication equipment.			
	Distribute communication devices to appropriate workforce.			
	Ensure scheduled breaks and relief for all group staff.			
	Review and confirm staffing levels for next day or next shift with Logistics Chief.			
	Provide routine progress and/or status reports to Logistics Chief.			
	Monitor colleagues and clients for signs of fatigue or distress. Notify direct supervisor as appropriate.			
	Perform other duties as assigned and approved by direct supervisor.			
Deactivation Phase				
	Coordinate with Planning Chief plans for recovery/demobilization.			
	Assist with restoring facility to pre-POD conditions.			
	When relieved, hand-in all documents, including position check list with feedback, to direct supervisor.			
	Participate in scheduled debriefing at shift change or close of POD.			
	Return to workforce staging area.			
	Return identification (vest, ID badge, etc.).			
	Sign-in equipment.			
	Identify issues for the After Action Report.			

## **WORKFORCE COORDINATOR**

**Direct Supervisor:** Logistics Chief

**Qualifications:** Persons should have good organizational skills, interpersonal skills, and leadership experience.

**Duties:** Lead and supervise staff, instruct personnel on their duties and responsibilities, and serve as a point of contact for families to reach POD staff/volunteers.

Volunteer Sources: Teachers, local businesses, faith based organizations.

Up	Upon Activation			
	Review your position checklist and check off tasks as they are completed.			
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.			
	Sign-out equipment and resource packet, if necessary.			
	Receive prophylaxis/vaccination, if not already treated.			
	Sign necessary forms, if applicable (confidentiality forms, etc.).			
	Attend overall staff briefing.			
	Familiarize self with POD layout and process.			
	Review Mass Prophylaxis Planning Guide.			
	Report to your assigned POD area for observation before beginning duties as needed.			
On	-site Operations			
	Develop list of the workforce available per shift.			
	Work with Logistics Chief and food services coordinator to determine the number of workforce needing meals and estimate number of meals to be served for the duration of the POD.			
	Assist with space utilization, facilities set-up and equipment for workforce food area and workforce medical/mental health area.			
	Approve contingency plans for continuing food service.			
	Enforce rules for safe food handling.			
	Monitor workforce flow patterns during meals.			
	Request assistance from outside medical personnel if needed and brief Logistics Chief.			
	Ensure proper documentation is maintained for all workforce medical/mental health unit activities.			
	Serve as the contact person for family members looking for a POD worker by taking a message at the door.			
	Ensure scheduled breaks and relief for all unit staff.			
	Review and confirm staffing levels for next day or next shift with Logistics Chief.			

	Provide routine progress and/or status reports to Logistics Chief.		
	Monitor colleagues and clients for signs of fatigue or distress. Notify direct supervisor as appropriate.		
	Perform other duties as assigned and approved by direct supervisor.		
Dea	Deactivation Phase		
	When relieved, hand-in all documents, including position check list with feedback, to direct supervisor.		
	Participate in scheduled debriefing at shift change or close of POD.		
	Return to workforce staging area.		
	Return identification (vest, ID badge, etc.).		
	Sign-in equipment.		
	Identify issues for the After Action Report.		

# **FOOD SERVICE COORDINATOR**

**Direct Supervisor:** Workforce Coordinator

**Qualifications:** Persons with knowledge and managerial skills in food service operations.

**Duties:** Support staff with a safe and healthy meal service.

**Volunteer Sources:** Schools, catering services, adult/child care centers, and local restaurants.

Up	Upon Activation			
	Review your position checklist and check off tasks as they are completed.			
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.			
	Sign-out equipment and resource packet, if necessary.			
	Receive prophylaxis/vaccination, if not already treated.			
	Sign necessary forms, if applicable (confidentiality forms, etc.).			
	Attend overall staff briefing.			
	Familiarize self with POD layout and process.			
	Review Mass Prophylaxis Planning Guide.			
	Report to your assigned POD area for observation before beginning duties as needed.			
On	-site Operations			
	Work with Workforce Coordinator to determine the number of workforce needing meals and estimate number of meals to be served for the duration of the POD.			
	Determine space and facilities needed for kitchen and dining area set-up.			
	Ensure food service facilities are set-up properly.			
	Determine mealtimes, coordinating with shift changes.			
	Develop contingency plans to ensure continuing food service.			
	Establish and operate supplemental food system consisting of extra snacks, fruit, beverages and condiments.			
	Submit list of food and water needs to supply/equipment coordinator.			
	Inventory food and water supply and estimate when re-supply will be needed.			
	Make safety and health rules known to food services staff regarding food handling.			
	Develop schedule for removal of garbage.			
	Monitor workforce flow patterns during meals.			
	Ensure scheduled breaks and relief for all unit staff.			
	Review and confirm staffing levels for next day or next shift with workforce services supervisor.			

	Provide routine progress and/or status reports to workforce services supervisor.		
	Monitor colleagues and clients for signs of fatigue or distress. Notify direct supervisor as appropriate.		
	Perform other duties as assigned and approved by direct supervisor.		
Dea	Deactivation Phase		
	When relieved, hand-in all documents, including position check list with feedback, to direct supervisor.		
	Participate in scheduled debriefing at shift change or close of POD.		
	Return to workforce staging area.		
	Return identification (vest, ID badge, etc.).		
	Sign-in equipment.		
	Identify issues for the After Action Report.		

# **CHILD CARE STAFF**

Direct Supervisor: Work Force Coordinator

Qualifications: Persons with certification in child care services and/or ability to manage children

in safe environment.

**Duties:** Provide child care services for staff performing POD duties/jobs.

Volunteer Sources: Adult/child care centers (public/private) and schools.

Up	on Activation
	Review your Position Checklist and check off tasks as they are completed.
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.
	Sign-out equipment and resource packet, if necessary.
	Receive prophylaxis/vaccination, if not already treated.
	Sign necessary forms, if applicable (confidentiality forms, etc.).
	Attend overall staff briefing.
	Familiarize self with POD layout and process.
	Review Mass Prophylaxis Planning Guide.
	Report to your assigned POD area for observation before beginning duties as needed.
On	-site Operations
The Child Care staff is responsible for establishing and maintaining childcare services for state each POD. It must be assumed that if PODs have been activated, normal day-to-day function has been affected and children are not in school or daycare. If community volunteers are recruited, it will be necessary to provide on-site childcare services.	
	Work with workforce services coordinator to determine the number of workforce members needing child care and estimate staff needed to provide child care for the duration of the POD.
	Child care staff must be certified in accordance with State statutes.
	Determine space and facilities needed for care.
	Ensure food service facilities are available for children.
	Develop contingency plans to ensure continuing child care.
	Make safety and health rules known to staff regarding communicable disease prevention.
	Ensure scheduled breaks and relief for all unit staff.
	Review and confirm staffing levels for next day or next shift with workforce services coordinator.
	Provide routine progress and/or status reports to workforce services coordinator.

	Monitor colleagues and clients for signs of fatigue or distress. Notify direct supervisor as appropriate.		
	Perform other duties as assigned and approved by direct supervisor.		
Dea	Deactivation Phase		
	When relieved, hand-in all documents, including position check list with feedback, to direct supervisor.		
	Participate in scheduled debriefing at shift change or close of POD.		
	Return to workforce staging area.		
	Return identification (vest, ID badge, etc.).		
	Sign-in equipment.		
	Identify issues for the After Action Report.		

# **Section 6**

# **Finance and Administration**

Time, procurement, and cost accounting are the primary functional activities of this section. The Finance and Administration section will manage all paperwork generated at the site. This section is responsible for managing records related to client registration, treatment or its deferral, and disposition of records. Based on the size of the incident the Finance and Administration functions can support multiple PODs or those functions may be coordinated by the LPHA.

This page intentionally left blank

## FINANCE & ADMINISTRATION CHIEF

Direct Supervisor: POD Manager

**Qualifications:** Must have accounting background and experience developing accounting systems.

**Duties:** Develop a system for tracking and recording incident personnel and equipment expenses, track all equipment invoices/expenses, assure payment, and track all personnel time related to incident.

Volunteer Sources: Chamber of Commerce, Rotary, Kiwanis, city/county human resources.

Up	Upon Activation			
	Review your position checklist and check off tasks as they are completed.			
	Ch	eck i	n with Credentialing Coordinator, validate credentials, and put on ID badge.	
	Sig	ın-ou	at equipment and resource packet, if necessary.	
	Re	ceive	e prophylaxis/vaccination, if not already treated.	
	Sign necessary forms, if applicable (confidentiality forms, etc.).			
	Atte	end	overall staff briefing.	
	Far	milia	rize self with POD layout and process.	
	Review Mass Prophylaxis Planning Guide.			
	Receive briefing from POD Manager. Ensure knowledge of full mission request and plan of operations.			
	Confirm activation of your direct reports, and assign or greet them as they arrive.			
☐ Meet with your direct reports.		ith your direct reports.		
	☐ Est		ablish chain of command and performance expectations:	
			Your direct reports are to report ONLY to you.	
			They work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you (or a Safety Officer if regarding a safety issue).	
			Any questions, problems, or incidents should be reported to you, NOT to anyone else.	
			It is important that they DO NOT MAKE DECISIONS on their own, other than provided for in their position checklist. This ensures critical consistency with respect to performance and information at the site.	
			sure that they are personally prepared, self-sufficient and adequately equipped to form their assignments.	
	Pre	epare	e a briefing statement, to be given to staff members at scheduled briefing(s):	
			Facility overview; including locations of stations, restrooms, break rooms, emergency exits, etc. $ \\$	
			Communications protocol.	

	Role of Finance and Administration in this operation: services you provide, problems you solve, etc.
	Ensure shipment of equipment/supplies and arrange for transport to treatment site.
	Ensure that ground transportation is ordered and available for all staff when team reaches destination.
	Establish communications protocols.
On	-site Operations
	At initial briefing, identify resources required for section operations.
	Coordinate with DSR/EOC for financial and cost information if necessary.
	Obtain resources needed throughout documentation process.
	Maintain security of documents and records.
	Ensure accuracy of documents in compliance with the proper jurisdictions and/or DSR/EOC policies.
	Ensure all documents and reports are complete for section and submitted appropriately prior to demobilization.
	Collect all completed job action sheets, unit logs and general messages.
	Ensure scheduled breaks and relief for all unit staff.
	Review and confirm staffing levels for next day or next shift.
	Provide routine progress and/or status reports to POD Manager.
	Monitor colleagues and clients for signs of fatigue and distress. Notify direct supervisor as appropriate.
	Perform other duties as assigned and approved by direct supervisor.
De	activation Phase
	Coordinate with Planning Chief plans for demobilization.
	Assist with restoring facility to pre-POD conditions.
	When relieved, hand-in all documents, including position check list with feedback, to direct supervisor.
	Participate in scheduled debriefing at shift change or close of POD.
	Return to workforce staging area.
	Return identification (vest, ID badge, etc.).
	Sign-in equipment.
	Identify issues for the After Action Report.

## PROCUREMENT COORDINATOR

Direct Supervisor: Finance & Administration Chief

**Qualifications:** Must have accounting/procurement/contracts background and experience.

**Duties:** Requisition/contract equipment and supplies, track all equipment invoices/expenses, and assure payment of same.

**Volunteer Sources:** Chamber of Commerce, Rotary, Kiwanis, city/county employees, and local businesses (e.g., warehouse operations).

Up	Upon Activation		
	Review your position checklist and check off tasks as they are completed.		
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.		
	Sign-out equipment and resource packet, if necessary.		
	Receive prophylaxis/vaccination, if not already treated.		
	Sign necessary forms, if applicable (confidentiality forms, etc.).		
	Attend overall staff briefing.		
	Familiarize self with POD layout and process.		
	Review Mass Prophylaxis Planning Guide.		
	Report to your assigned POD area for observation before beginning duties as needed.		
On	-site Operations		
	Prepare documents in compliance with the proper jurisdictions and/or DSR/EOC policies assigned by Finance & Administration Chief. This may include:		
	☐ Contracts and agreements with supply vendors.		
	☐ Resource logs.		
	☐ Agency specific records and summaries.		
	☐ Unit log/status report compilation.		
	Coordinate cost data in contracts with Cost Unit coordinator.		
	Maintain security of documents and records.		
	Ensure that all records are current and complete prior to demobilization.		
	Report disruptions and changes to Finance & Administration Chief.		
	Release reports to Finance & Administration Chief as requested.		
	Provide routine progress and/or status reports to Finance & Administration Chief.		
	Monitor colleagues and clients for signs of fatigue or stress. Notify direct supervisor as appropriate.		
	Perform other duties as assigned and approved by direct supervisor.		

## **COST UNIT COORDINATOR**

**Direct Supervisor:** Finance & Administration Chief

**Qualifications:** Must have accounting background and experience developing accounting systems.

**Duties:** Develop a system for tracking and recording incident personnel and equipment expenses and track all personnel time related to incident.

Volunteer Sources: Chamber of Commerce, Rotary, Kiwanis, city/county human resources.

Upon Activation			
	Review your position checklist and check off tasks as they are completed.		
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.		
	Sign-out equipment and resource packet, if necessary.		
	Receive prophylaxis/vaccination, if not already treated.		
	Sign necessary forms, if applicable (confidentiality forms, etc.).		
	Attend overall staff briefing.		
	Familiarize self with POD layout and process.		
	Review Mass Prophylaxis Planning Guide.		
	Report to your assigned POD area for observation before beginning duties as needed.		
On	On-site Operations		
	Prepare documents in compliance with the proper jurisdictions and/or DSR/EOC policies as assigned by Finance & Administration Chief. This may include:		
	☐ Cost summaries or spreadsheets.		
	☐ Agency specific records and summaries.		
	☐ Unit log/status report compilation.		
	Maintain security of documents and records.		
	Ensure that all records are current and complete prior to demobilization.		
	Report disruptions and changes to Finance & Administration Chief.		
	Release reports to Finance & Administration Chief as requested.		
	Provide routine progress and/or status reports to Finance & Administration Chief.		
	Monitor colleagues and clients for signs of fatigue or stress. Notify direct supervisor as appropriate.		
	Perform other duties as assigned and approved by direct supervisor.		

## **COMPENSATION AND CLAIMS UNIT COORDINATOR**

**Direct Supervisor:** Finance & Administration Chief

**Qualifications:** Persons should have background in accounting, managing safety investigations, and processing claims for compensation.

**Duties:** Participate in accident investigations, process claims through the local public health agency, and or manage compensation for staff as required per Missouri statutes.

**Volunteer Sources:** Occupational health nurse from local health department or private business, schools, safety organizations, and insurance agencies.

Upo	Upon Activation			
	Review your position checklist and check off tasks as they are completed.			
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.			
	Sign-out equipment and resource packet, if necessary.			
	Receive prophylaxis/vaccination, if not already treated.			
	Sign necessary forms, if applicable (confidentiality forms, etc.).			
	Attend overall staff briefing.			
	Familiarize self with POD layout and process.			
	Review Mass Prophylaxis Planning Guide.			
	Report to your assigned POD area for observation before beginning duties as needed.			
On-	-site Operations			
	Establish contact with event Safety Officer and Medical Leader for coordination of accident investigation reports.			
☐ Prepare documents in compliance with the proper jurisdictions and/or DSR/EOC p assigned by Finance & Administration Chief. This may include:				
	☐ Accident investigation reports.			
	☐ Agency specific records and summaries.			
	☐ Unit log/status report compilation.			
	Maintain security of documents and records.			
	Ensure that all records are current and complete prior to demobilization.			
	Report disruptions and changes to Finance & Administration Chief.			
	Release reports to Finance & Administration Chief as requested.			
	Provide routine progress and/or status reports to Finance & Administration Chief.			
	Monitor colleagues and clients for signs of fatigue or stress. Notify direct supervisor as appropriate.			
	Perform other duties as assigned and approved by direct supervisor.			

# TIME UNIT COORDINATOR

Direct Supervisor: Finance & Administration Chief

**Qualifications:** Persons should have background in record keeping and or human resource management.

· ·

**Duties:** Track and maintain time keeping records for POD staff and volunteers.

Volunteer Sources: City/county employees, schools, civic and or faith based organizations.

Up	on A	Activation		
	Review your position checklist and check off tasks as they are completed.			
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.			
	Sig	n-out equipment and resource packet, if necessary.		
	Red	ceive prophylaxis/vaccination, if not already treated.		
	Sign necessary forms, if applicable (confidentiality forms, etc.).			
	Attend overall staff briefing.			
	Fan	niliarize self with POD layout and process.		
	Review Mass Prophylaxis Planning Guide.			
	Rep	port to your assigned POD area for observation before beginning duties as needed.		
On	-site	Operations		
	Prepare documents in compliance with the proper jurisdictions and/or DSR/EOC policies as assigned by Finance & Administration Chief. This may include:			
		Workforce time logs.		
		Overtime logs.		
		Agency specific records and summaries.		
		Unit log/status report compilation.		
	Maintain security of documents and records.			
	Ensure that all records are current and complete prior to demobilization.			
	Report disruptions and changes to Finance & Administration Chief.			
	Release reports to Finance & Administration Chief as requested.			
	Pro	vide routine progress and/or status reports to Finance & Administration Chief.		
		nitor colleagues and clients for signs of fatigue or stress. Notify direct supervisor as propriate.		
	Per	form other duties as assigned and approved by direct supervisor.		

## **DATA RECORDER**

Direct Supervisor: Finance & Administration Chief

Qualifications: Persons with computer and data entry skills.

**Duties:** Perform medical data entry.

**Volunteer Sources:** Chamber of Commerce, Rotary, Kiwanis, temporary services, medical transcriptions personnel from local hospitals, and community medical offices.

Upon Activation			
	Review your position checklist and check off tasks as they are completed.		
	Check in with Credentialing Coordinator, validate credentials, and put on ID badge.		
	Sign-out equipment and resource packet, if necessary.		
	Receive prophylaxis/vaccination, if not already treated.		
	Sign necessary forms, if applicable (confidentiality forms, etc.).		
	Attend overall staff briefing.		
	Familiarize self with POD layout and process.		
	Review Mass Prophylaxis Planning Guide.		
	Report to your assigned POD area for observation before beginning duties as needed.		
On-site Operations			
	Assist with the set-up of the data entry area and any other areas as requested.		
	Data is in charge of tracking all patient information collected during the process through the site.		
	Receive paperwork from check-out station.		
	If computer resources are available, enter data as it arrives. Data should be entered on each recipient into the web-based MDHSS Prophylaxis and Vaccination Management System (PVMS) or MOHSAIC in real time during registration and at the dispensing site process.		
	Generate reports for the administration chief as requested.		
	Certain administrative documents and worksheets will be required to assist in dispensing site management and keeping track of the vaccine. These documents will be provided by LPHA and or supply coordinator from the planning section.		
Dea	Deactivation Phase		
	When relieved, hand-in all documents, including position check list with feedback, to direct supervisor.		
	Participate in scheduled debriefing at shift change or close of POD.		
	Return to workforce staging area.		

_ 	☐ Sign-in equipment.	

# **Section 7**

# **Acronyms and Abbreviations**

AAR After Action Report

BT Bioterrorism

CBRNE Chemical, Biological, Radiological/Nuclear, and Explosive

CDC Centers for Disease Control and Prevention

CERT Center for Emergency Response and Terrorism (MDHSS)

DEA Drug Enforcement Agency
DSC Dispensing Site Coordinator

DSR Department (DHSS) Situation Room

EMS Emergency Medical Services

EMT Emergency Medical Technician

EOC Emergency Operations Center

ER Emergency Room

Greiage Greeting and Triage

HAN Health Alert Network

IAP Incident Action Plan

ICS Incident Command System

ID Identification

JIC Joint Information Center

LPHA Local Public Health Agency

LPN Licensed Practical Nurse

MDHSS Missouri Department of Health and Senior Services

MMWR Morbidity and Mortality Weekly Report

MOHSAIC Missouri Health Strategic Architectures and Information Cooperative

MOU Memorandum of Understanding

NIMS National Incident Management System

NP Nurse Practitioner

OSHA Occupational Safety and Health Administration

PA Physician's Assistant
PIO Public Information Officer

POD Point of Dispensing

PPE Personal Protective Equipment

PVMS Prophylaxis and Vaccination Management System

RMA Registered Medical Assistant RSS Receiving, Staging, Storage

SEMA State Emergency Management Agency

# **Section 7**

# **Acronyms and Abbreviations**

SEOC State Emergency Operations Center

SNS Strategic National Stockpile

TTY Text Telephone or Teletypewriter

VIS Vaccine Instruction Sheet